

Teleworker Self-Certification Safety Checklist

Name: _____
Department: _____
Work Ph: _____
Supervisor: _____
Supervisor's Ph: _____

The alternate duty station is located at:

Address: _____
City/State Zip: _____
Phone: _____

The designated alternate work location is

- My personal residence.
 Other _____

The following checklist is designed to assess the overall safety of your alternate duty station. Please read and complete the self-certification safety checklist.

A. WORKPLACE ENVIRONMENT

1. Are temperature, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance? Yes ___ No ___
2. Are all stairs with 4 or more steps equipped with handrails? Yes ___ No ___
3. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service? Yes ___ No ___
4. Do circuit breakers clearly indicate if they are in the open or closed position? Yes ___ No ___
5. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)? Yes ___ No ___
6. Will the building's electrical system permit the grounding of electrical equipment? Yes ___ No ___
7. Are aisles, doorways, and corners free of obstructions to permit visibility and movement? Yes ___ No ___
8. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways? Yes ___ No ___
9. Do chairs have any loose casters (wheels) and are the rungs and legs of the chairs sturdy? Yes ___ No ___

