



Alternative Worksite Safety Checklist

Employee Name: _____
 Program: _____
 Position Number: _____
 Supervisor Name: _____
 Supervisor Phone: () - ext _____

Alternative Worksite Information	
Alternative Worksite Address:	_____
City, State, Zip:	_____
Alternative Worksite Phone:	() - _____
Secondary Phone Number:	() - _____

This form should be completed when there has been a change to the alternative worksite since the last telework agreement was signed. See procedures to complete this checklist.

	YES	NO	N/A
1. Temperature, noise, lighting levels and ventilation are adequate for maintaining your normal level of job performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. All stairs with four or more steps are equipped with handrails.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All circuit breakers and/or fuses in the electrical panel are labeled with intended service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Circuit breakers clearly show if they are in the open or closed position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. All electrical equipment is free of recognized hazards that could cause physical harm (frayed or loose wires, bare conductors, flexible wires running through walls, exposed wires to the ceiling).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Aisles, doorways, and corners are free of barriers to allow visibility and movement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. File cabinets and storage closets are arranged so drawers and doors do not open into walkways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Chairs have no loose casters (wheels).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Phone lines, electrical cords, and extension wires are secured under a desk or alongside a baseboard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The office space is neat, clean, and free of excessive amounts of combustibles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. All floor surfaces are clean, dry, level, and free of worn or frayed seams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. All carpets are well secured to the floor and free of frayed or worn seams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. There is enough light for reading.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Exits are free of obstacles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Supplies and equipment (both Department and employee-owned) are in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Files and data are secure, and materials and equipment are in a secure place that can be protected from damage and misuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. You have an inventory of all equipment in the remote office, including serial numbers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Equipment is turned off when not in use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 19. Equipment is unplugged during inclement weather.
- 20. Surge protectors are used for computers, fax machines, and printers.
- 21. Heavy items are securely placed on sturdy stands close to walls.
- 22. Computer parts are kept out of direct sunlight and away from heaters.

COMPUTER WORKSTATION

YES NO N/A

- 23. Your chair is adjustable.
- 24. You know how to adjust the chair.
- 25. Your back is adequately supported by a backrest.
- 26. Your feet are on the floor or fully supported by a footrest.
- 27. The monitor and keyboard are placed so you can see and type without strain.
- 28. It is easy to read the text on your screen.
- 29. You have enough leg room at your desk.
- 30. Your screen is free from noticeable glare.
- 31. The top of the screen is at eye level.
- 32. There is space to rest your arms while not keying.
- 33. When keying, your forearms are close to parallel with the floor.
- 34. Your wrists are fairly straight when keying.

EMERGENCY PREPAREDNESS

YES NO N/A

- 35. Emergency phone numbers (hospital, fire department, police department) are posted at the alternative worksite.
- 36. A first aid kit is easily accessible and refilled as needed.
- 37. Portable fire extinguishers are easily accessible and serviced as needed.
- 38. An emergency preparedness kit is easily accessible and kept ready.
- 39. There is a working smoke detector in the work area.
- 40. You have an evacuation plan in case of a fire or other emergency.

Safety Evaluation Conducted by: _____ Date of Safety Evaluation: _____
 (Safety evaluations may be conducted by the employee, supervisor, or other authorized agency representative.)

**I verify that my alternative worksite is free of fire and safety hazards.
 I certify I will use approved safeguards to protect Department equipment, information, and supplies.**

Employee Signature: _____ Date: _____
 Supervisor Signature: _____ Date: _____