

## Unit Title

### SELF-CERTIFICATION HOME SAFETY CHECKLIST FOR TELEWORK

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Home Worksite Address \_\_\_\_\_

Home Worksite Phone \_\_\_\_\_

Describe the designated area, e.g., bedroom, den, living room, etc.

The following checklist is designed to assess the overall safety of the alternative worksite. Each participant should read and complete the Self-Certification Safety Checklist. A copy of this checklist should be attached to the Telework Agreement.

	YES	NO
Are temperature, noise, ventilation, and lighting levels adequate to maintain your normal level of job performance?		
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 fixed to the ceiling)?		
Will the building's electrical system permit the grounding of electrical equipment?		
Are aisles, doorways, and corners free of obstructions to permit visibility and movement?		
Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?		
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Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?		

Employees Signature \_\_\_\_\_ Date \_\_\_\_\_