TELECOMMUTER'S HOME SAFETY CHECKLIST

HUMAN RESOURCES
FORM

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The Telecommuter is responsible for ensuring a clean, safe and ergonomically sound home/off-site office as a condition for telecommuting, **an initial on-site work place hazards assessment of the home/off-site office may be deemed necessary**. All of the following conditions should be met and checked off and the Telecommuter should review this checklist with his/her Appropriate Administrator and sign it prior to the start of telecommuting:

Alternative Worksite Physical and Ergonomic Conditions
☐ The telecommuter agrees to maintain a clearly defined workspace that is clean, free from distractions and obstructions, and is in ergonomically sound condition.
☐ The work area is adequately illuminated with lighting directed toward the site or behind the line of visions, not in front or above it.
☐ Supplies and equipment (both University and employee-owned) are in good condition.
☐ The area is well ventilated and heated.
☐ Storage is organized to minimize risks of fire and spontaneous combustion.
☐ All extension cords have grounding conductors.
☐ Exposed or frayed wiring and cords are repaired or replaced immediately upon detection.
☐ Electrical enclosures (switches, outlets, receptacles and junction boxes) have tight fitting covers or plates.
☐ Surge protectors are used for computers, fax machines and printers.
☐ Desk, chair, computer and all other equipment used for telecommuting are of appropriate design and arranged to eliminate strain on all parts of the body.
☐ A user-friendly workstation, information security and other resources for easy reference are ready at the alternative work site.

Emergency Preparedness
☐ Emergency phone numbers (hospital, fire, police) are posted nearby the workstation.
☐ A first aid kit is easily accessible and replenished as needed.
☐ Portable Fire extinguishers are easily accessible and serviced as needed.
☐ An earthquake preparedness kit is easily accessible and maintained in readiness.

I certify that all answers are "yes" and that all safety conditions are met:

Employee Signature _____ Date _____