

TELECOMMUTING SAFETY CHECKLIST

This checklist is used to assess the overall safety of the remote work location. The checklist must be completed and submitted to the employee's Supervisor/Manager for review along with the Telecommuting Application (Attachments 1 and 2 of the Telecommuting Program Guide). The employee and Department will retain a copy for their records.

I self-certify that my remote workspace is as follows:

1.	Are temperature, noise, ventilation, and lighting level adequate for maintaining your normal level of job performance? □Yes □No	
2.	re all supplies and equipment in good working condition and can be safely used as intended? Yes □No	
3.	Is storage organized to minimize risks of fire? ☐ Yes ☐ No	
4.	s all electrical equipment free of recognized hazards that would cause physical harm (frayed vires, bare conductors, loose wires or fixtures, exposed wiring on the ceiling or walls)? Yes □No	
5.	Will the location's electrical system permit the grounding of electrical ed	quipment (a three-
	prong receptacle)? □Yes □No	
6.	Are the file cabinets and storage closets arranged so drawers and doors do not enter walkways? \Box Yes \Box No	
7.	In case of fire, is there a primary exit path free of obstruction and easy to use? □Yes □No	
8.	Employee agrees to maintain a safe, distraction free working environment. □Yes □No	
9.	ergonomic guidelines. □Yes □No	
kn er	nave completed the Telecommuting Safety Checklist accurately and hone owledge. I understand that I have the right to request the Safety Digonomic evaluation of my remote work site per the County anual Document 2005 or to have additional training provided.	ivision to conduct an
Employee Signature		Date
Su	pervisor/Manager Signature	 Date
Оu	porvisor/ivianager olgitature	Date
De	partment Head (or Designee) Signature	Date
	he signed upon execution of the Telecommuting Work Program Agreemen	