Budget and Control Board
Telecommuting Safety Checklist

This checklist is necessary to insure a safe workplace that is conducive to productive work. Please read and complete the checklist regarding the designated work area.

General Environment

_____ The work space area has adequate lighting and ventilation.
_____ The work space is reasonably quiet and free of distractions.
_____ Aisle, doorways, and corners are free from obstructions to permit movement.

Electricity / Equipment

_____ There are enough electrical outlets in the alternate workplace to support the required equipment. All electrical equipment is free of recognized hazards that would cause physical harm (e.g., frayed wires, bare conductors, loose or exposed wires). If necessary, consult with an electrician or power utility company on capacity questions.
_____ Necessary electrical outlets are three-pronged (grounded).
_____ Computer equipment is connected to a surge protector. The equipment is placed at a comfortable height for viewing and will be powered down after the work day is over.
_____ Computer equipment is on a sturdy, level, well-maintained piece of furniture and the keyboard and mouse are at a height that does not cause wrist strain.

Safety and Security

_____ There is a fire extinguisher in the alternate workplace and a developed fire evacuation plan in the event of an emergency.
_____ There is a working smoke detector in the alternate workplace.
_____ Phone lines, electrical cords, and extension wires are secured underneath a desk or along baseboards.
_____ There are security controls in place to protect passwords, agency-owned software, and files from unauthorized disclosure.

I, _____, understand it is my responsibility to maintain the safety and appropriate arrangement of my alternate workplace, if it is my home. I certify that my responses to the checklist are true and completed to the best of my knowledge. I understand that any erroneous, misleading, or fraudulent information is sufficient grounds for my preclusion from telecommuting. I am aware that it is my responsibility to report accidents or injuries immediately to my supervisor.

_____ _____
Employee Signature Date

_____ _____
Supervisor Signature Date

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