



# Home Office Safety Checklist

Teleworker name: \_\_\_\_\_

Program: \_\_\_\_\_

Telework location: \_\_\_\_\_

Main office location: \_\_\_\_\_

\_\_\_\_\_  
(Street Address) (City) (Apt#)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Telephone) (E-mail)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Supervisor/Manager Name)

This is my residence  
 Other location (identify) \_\_\_\_\_

\_\_\_\_\_  
(Supervisor/Manager Telephone)

\_\_\_\_\_  
(Supervisor/Manager E-mail)

1.	GENERAL ENVIRONMENT	YES	NO
A.	Workspace is away from noise, distractions, and is devoted to your work needs.	<input type="checkbox"/>	<input type="checkbox"/>
B.	Workspace accommodates workstation, equipment, and related materials, without danger of falling.	<input type="checkbox"/>	<input type="checkbox"/>
C.	Walkways, aisles, and doorways are uncluttered and free from tripping hazards.	<input type="checkbox"/>	<input type="checkbox"/>
D.	File drawers are not top-heavy and do not open into walkways.	<input type="checkbox"/>	<input type="checkbox"/>
E.	Phone lines and electrical cords are secured under a desk or along wall, and away from heat sources.	<input type="checkbox"/>	<input type="checkbox"/>
F.	Temperature and ventilation allow a comfortable and healthy environment.	<input type="checkbox"/>	<input type="checkbox"/>
G.	There is adequate lighting for purposes of safety and reading materials.	<input type="checkbox"/>	<input type="checkbox"/>
H.	All stairs with four or more steps are equipped with handrails.	<input type="checkbox"/>	<input type="checkbox"/>
I.	Carpets are well secured to the floor and free of frayed or worn seams.	<input type="checkbox"/>	<input type="checkbox"/>
H.	Potentially hazardous chemicals are not stored in, or around, the work area.	<input type="checkbox"/>	<input type="checkbox"/>
2.	ELECTRICAL SAFETY	YES	NO
A.	There are an adequate number of accessible electrical outlets to support equipment.	<input type="checkbox"/>	<input type="checkbox"/>
B.	Electrical outlets used for the home office are permanent in nature and properly grounded.	<input type="checkbox"/>	<input type="checkbox"/>
C.	Electrical plugs, cords, outlets, and panels are in good condition. They are not frayed and have no exposed/damaged wiring.	<input type="checkbox"/>	<input type="checkbox"/>
D.	Extension cords and power strips are not daisy chained and are not being used as a permanent source of electricity.	<input type="checkbox"/>	<input type="checkbox"/>

- E. Computers, printers and other peripheral equipment are connected to surge protectors to guard against damage from power surges.
- F. Equipment is placed close to electrical outlets.
- G. Equipment is turned off when not in use.

**3. FIRE SAFETY** **YES** **NO**

- A. There is a working smoke detector in the workspace area.
- B. The smoke detector is approved by Underwriter’s Laboratory (UL) and/or the State Fire Marshall, and has a functional test mechanism.
- C. Smoke detector(s) are tested at time of installation and on a monthly basis.
- D. A fully-charged multi-use fire extinguisher is located within 10 feet of the electronic teleworking equipment and is easily accessible.
- E. Teleworker is familiar with how to use fire extinguisher.
- F. Workspace is kept free of trash, clutter, and flammable liquids.
- G. All radiators and portable heaters are located away from flammable items.

**4. COMPUTER WORKSTATION** **YES** **NO**

A. (Check here  if you will NOT be using computer equipment)

**CHAIR**

- Chair wheels are secure and in good working condition.
- Does the employee know how to use all adjustment features?
- Are feet flat on the floor or on a footrest with knees and hips at the same height?
- Does the chair’s lumber support fit into the lumbar curve of the back?
- Is there about 2 - 3” of space from the backs of knees to the front of the chair?
- Are arm rests available for support when needed and out of the way when necessary?
- There is sufficient room to allow free movement of legs under desk.

**KEYBOARD AND MOUSE**

- With shoulders relaxed and arms hanging at the side of the body with elbows at 90 to 110 degrees, is the keyboard under the palms of the hands?
- Is the keyboard as flat as possible?
- Is the mouse next to the keyboard and at the same height as the keyboard?

**MONITOR**

- Top of screen is at or slightly lower than eye level? (Lower if using bifocals)
- Monitor distance approximately 16”- 28” away (approx. arm’s length)?
- Single monitor: positioned directly in front of user?
- Dual monitor: main monitor closest to center?

**WORK ENVIRONMENT**

- Free from clutter allowing the legs to move comfortably?

Are most frequently-used items within easy reach?

Documents placed on inline copyholder to eliminate neck bending or twisting.

#### WORK PRACTICES

Get out of chair at least once per hour, micro-break every 30 minutes of keyboarding?

Avoiding tilting head/neck to cradle the phone?

Breaking up long periods of continuous work (example: computer use) by performing other small tasks or simple movements like standing and walking?

#### GLARE

The computer screen is positioned to avoid noticeable glare from windows or other light sources.

Monitor brightness and contrast controls adjusted for ease of visibility; screen is clean and free from dust and smudges to avoid eye strain.

5.	OTHER SAFETY/SECURITY MEASURES	YES	NO
A.	Files, data, and other proprietary information and equipment are secure.	<input type="checkbox"/>	<input type="checkbox"/>
B.	If applicable, up-to-date anti-virus software is used and virus definitions kept up-to-date by running regular scans.	<input type="checkbox"/>	<input type="checkbox"/>
C.	An evacuation plan is in place in the event of a fire, earthquake or other disaster.	<input type="checkbox"/>	<input type="checkbox"/>
D.	A first aid kit is on-site and easily accessible.	<input type="checkbox"/>	<input type="checkbox"/>
E.	There is more than one way out of the area (e.g., doors, windows)	<input type="checkbox"/>	<input type="checkbox"/>

#### EMPLOYER EQUIPMENT TO BE USED AT HOME OFFICE SITE

DESCRIPTION	I.D. NUMBER

Teleworker signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_