

## Self-certification Safety Checklist for Home-based Telecommuters

*The following checklist is designed to assess the overall safety of your alternative worksite. Please read and complete the self-certification safety checklist. Upon completion, you and your supervisor should sign and date the checklist in the space provided.*

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

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Telecommuting Coordinator \_\_\_\_\_

The alternate duty station is: \_\_\_\_\_

Describe the designed work area in the alternate duty station.

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### A. Workplace Environment

1. Are temperature, noise, ventilation, and lighting levels adequate for maintaining normal level of job performance? . . . . . Yes  No
2. Are all stairs with four or more steps equipped with handrails? . . . . . Yes  No
3. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service? . . . . . Yes  No
4. Do circuit breakers clearly indicate if they are in the open or closed position? . . . . . Yes  No
5. 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 to the ceiling)? . . . Yes  No
6. Will the building's electrical system permit the grounding of electrical equipment? . . . . . Yes  No
7. Are aisles, doorways, and corners free of obstructions to permit visibility and movement? . . . . . Yes  No
8. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways? . . . . . Yes  No
9. Do chairs have any loose casters (wheels) and are the rungs and legs of the chairs sturdy? . . . . . Yes  No

