Form RD 2045-8 (Rev. 08-04)

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.

Na	Name: Organiz	ation:			
Ad	Address: City/Sta	ate:			
Bu	Business Telephone: Telecommutir	ng Coordinator			
Th	The alternate duty station is:				
De	Describe the designed work area in the alternate duty station.				
Α.	A. Workplace Environment				
1.	Are temperature, noise, ventilation, and lighting levels adequa maintaining normal level of job performance?		No □		
2.	2. Are all stairs with four or more steps equipped with handrails?	Yes □	No □		
3.	3. Are all circuit breakers and/or fuses in the electrical panel laberas to intended service?		No □		
4.	4. Do circuit breakers clearly indicate if they are in the open or cl position?	osed Yes □	No □		
5.	Is all electrical equipment free of recognized hazards that wou cause physical harm (frayed wires, bare conductors, loose wir flexible wires running through walls, exposed wires to the ceili	es,	No □		
6.	6. Will the building's electrical system permit the grounding of electrical equipment?	Yes □	No □		
7.	7. Are aisles, doorways, and corners free of obstructions to perm visibility and movement?		No □		
8.	8. Are file cabinets and storage closets arranged so drawers and do not open into walkways?	d doors Yes □	No □		
9.	9. Do chairs have any loose casters (wheels) and are the rungs of the chairs sturdy?	-	No □		

10.	Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard? Yes	No □
11.	Is the office space neat, clean, and free of excessive amounts of combustibles? Yes □	No □
12.	Are floor surfaces clean, dry, level, and free of worn or frayed seams? Yes □	No □
13.	Are carpets well secured to the floor and free of frayed or worn seams? Yes □	No □
14.	Is there enough light for reading? Yes □	No □
В.	Computer Workstation (if applicable)	
15.	Is your chair adjustable? Yes □	No □
16.	Do you know how to adjust your chair? Yes □	No □
17.	Is your back adequately supported by a backrest? Yes □	No □
18.	Are your feet on the floor or fully supported by a footrest? Yes $\ \square$	No □
19.	Are you satisfied with the placement of your monitor and keyboard?Yes $\;\Box$	No □
20.	Is it easy to read the text on your screen? Yes $\ \square$	No □
21.	Do you need a document holder? Yes □	No □
22.	Do you have enough leg room at your desk? Yes □	No □
23.	Is the screen free from noticeable glare? Yes $\;\Box$	No □
24.	Is the top of the screen eye level? Yes \Box	No □
25.	Is there space to rest the arms while not keying? Yes $\;\Box$	No □
26.	When keying, are your forearms close to parallel with the floor? Yes $\; \square$	No □
27.	Are your wrists fairly straight when keying? Yes $\;\Box$	No □
Em	ployees Signature Date	
Sup	pervisor's Signature Date	
App	proved Disapproved D	