

SAFETY CHECKLIST

BUMED TELEWORK PROGRAM

The following checklist is designed to assess the overall safety of the home worksite. The participating employee shall complete the checklist, sign and date it, and return it to his or her supervisor (and retain a copy for his or her own records).

1. Are temperature, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance? Yes No
2. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires or fixtures, exposed wiring on the ceiling or walls)? Yes No
3. Will the building's electrical system permit the grounding of electrical equipment (a three-prong receptacle)? Yes No
4. Are aisles, doorways, and corners free of obstructions to permit visibility and movement? Yes No
5. Are file cabinets and storage closets arranged so drawers and doors do not enter into walkways? Yes No
6. Are telephone lines, electrical cords, and surge protectors secured under a desk or alongside a baseboard? Yes No

NAME: _____

POSITION: _____

PRINCIPAL OFFICE: _____

SUPERVISOR: _____

OFFSITE WORK
ADDRESS: _____

OFFSITE TELEPHONE: _____

Telework Employee Signature

Date