NAVAL MEDICAL RESEARCH UNIT SAN ANTONIO
EMPLOYEE SELF-CERTIFICATION SAFETY CHECKLIST

Dear Telework Program Participant:

The following checklist is designed to assess the overall safety of the alternate duty station. Each participant should read and complete the self-certification safety checklist. Upon completion, the checklist should be signed and dated by the participant employee and immediate supervisor.

The alternate worksite is:

_____

Describe the designated work area in the alternate worksite:

_____

A. **WORKPLACE ENVIRONMENT**

1. Are all stairs with 4 or more steps equipped with
Yes [ ] No [ ] handrails?

2. Are all circuit breakers and/or fuses in the electrical
Yes [ ] No [ ] panel labeled as to intended service?

3. Do circuit breakers clearly indicate if they are in the
Yes [ ] No [ ] open or closed position?

4. Is all electrical equipment free of recognized hazards
Yes [ ] No [ ] that would cause physical harm (frayed wires, bare
conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)?

5. Will the building's electrical system permit the
Yes [ ] No [ ] Grounding of electrical equipment?

6. Are aisles, doorways, and comers free of obstructions
Yes [ ] No [ ] to permit visibility and movement?

7. Are file cabinets and storage closets arranged so
Yes [ ] No [ ] drawers and doors do not open into walkways?

8. Do chairs have any loose casters (wheels) and are the
Yes [ ] No [ ] rungs and legs of the chairs sturdy?

9. Are the phone lines, electrical cords, and extension
Yes [ ] No [ ] wires secured under a desk or alongside a baseboard?

Supervisor: _____

Date: _____

Employee: _____

Date: _____