

Telework Office Safety Checklist



Use the following sample Telework Office Safety Checklist to develop your company's checklist:

Employee Name _____

Supervisor Name _____

Location _____

Phone _____

The following checklist is designed to assess the overall safety of a teleworker's alternate work location. Each participant should read and complete the self-certification safety checklist. Upon completion, the checklist should be signed and dated by the participating employee and their immediate supervisor.

The alternate work location is (check one) _____ in home _____ not in home

Describe the designated work area: _____

To the best of one's knowledge:

	Yes	No
1. Is the space free of asbestos-containing materials?		
2. If asbestos-containing material is present, is it undamaged and in good condition?		
3. Is the space free of indoor air quality problems?		
4. Is there adequate ventilation for the desired occupancy?		
5. Is the space free of noise hazards (noises in excess of 85 decibels)?		

	Yes	No
6. Is there a drinkable water supply?		
7. Are lavatories available with hot and cold running water?		
8. Are all stairs with four or more steps equipped with handrails?		
9. Are all circuit breakers and/or fuses in the electrical panel labeled?		
10. Do circuit breakers clearly indicate if they are in the open or closed position?		
11. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through the walls, exposed wires fixed to the ceiling)?		
12. Will the building's electrical system permit the grounding of the electrical equipment?		
13. Are aisles, doorways and corners free of obstructions for visibility and movement?		
14. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?		
15. Do chairs have any loose wheels? Are the rungs and legs of chairs sturdy?		
16. Is the work area overly furnished?		
17. Are the phone lines, electrical cords and extension wires secured under a desk or alongside a baseboard?		
18. Is the office space neat, clean and free of excessive amounts of combustibles?		
19. Are floor surfaces clean, dry, level and free of worn or frayed seams?		
20. Are carpets well-secured to the floor and free of frayed or worn seams?		

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Source: Adapted from the Virginia Department of Human Resource Management