



STATE OF MONTANA

Safety and Security Checklist

Department of Corrections

The employee requesting to telework must complete this form. All answers should be checked "yes" to have a safe work environment. Any answer checked "no", should be corrected prior to starting telework. If any answer is checked "no", the employee assumes any liability as a result of their decision to not correct the deficiency. The employee and the manager acknowledge this responsibility by signing below.

Yes	No	Security
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<input type="checkbox"/>	<input type="checkbox"/>	Are work materials and equipment in a secure place that can be protected from theft, damage or misuse?
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<input type="checkbox"/>	<input type="checkbox"/>	Are the security requirements in place to protect confidentiality and security of state information and computer systems?
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Electrical

<input type="checkbox"/>	<input type="checkbox"/>	Are all machines properly grounded?
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<input type="checkbox"/>	<input type="checkbox"/>	If portable hand tools are used, are they grounded or double insulated?
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<input type="checkbox"/>	<input type="checkbox"/>	Are junction boxes closed?
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<input type="checkbox"/>	<input type="checkbox"/>	Is all electrical equipment in good working condition?
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<input type="checkbox"/>	<input type="checkbox"/>	Are all phone lines, electrical, and other cords safely secured and out of the way?
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<input type="checkbox"/>	<input type="checkbox"/>	Are electrical cords free of any defects or fraying?
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<input type="checkbox"/>	<input type="checkbox"/>	Is adequate amperage provided to the home and the work site?
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<input type="checkbox"/>	<input type="checkbox"/>	Are all circuit breakers and fuses in the electrical panel labeled for intended service?
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<input type="checkbox"/>	<input type="checkbox"/>	Are circuit breakers labeled clearly for open and closed positions?
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<input type="checkbox"/>	<input type="checkbox"/>	Is the computer equipment connected to a surge protector?
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Fire Protection

<input type="checkbox"/>	<input type="checkbox"/>	Is a fire extinguisher readily available?
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<input type="checkbox"/>	<input type="checkbox"/>	Is it fully charged and operable?
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<input type="checkbox"/>	<input type="checkbox"/>	Are there smoke detectors in the work site?
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<input type="checkbox"/>	<input type="checkbox"/>	Is there a smoke detector within hearing distance of the work space?
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<input type="checkbox"/>	<input type="checkbox"/>	Are the batteries or other power supplies of the smoke detectors checked regularly?
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Liability

<input type="checkbox"/>	<input type="checkbox"/>	Does the homeowner or renters' insurance cover business use in alternate work site?
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Housekeeping

<input type="checkbox"/>	<input type="checkbox"/>	Is the work area clean and orderly?
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<input type="checkbox"/>	<input type="checkbox"/>	Are aisles and doorways free of obstructions?
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- ____ Are all spilled materials or liquids cleaned up immediately?
- ____ Is combustible scrap, debris, and waste stored safely and removed from the worksite promptly?
- ____ Are the file cabinets arranged so drawers do not open into walkways?
- ____ Are carpets well secured to the floor, and free of frayed or worn seams?

Means of Exit

- ____ Are there enough exits to allow prompt escape?
- ____ Does employee have easy access to exits?

Materials Handling and Storage

- ____ Is adequate clearance allowed in aisles where materials must be moved?
- ____ Are tiered materials stacked, interlocked, locked, and limited in height to maintain stability?
- ____ Are storage areas kept free of tripping, fire, explosion, and pest hazards?

Acknowledgment:

By signing below, I certify that have read and accurately completed this document. I agree to correct the conditions that are not safe and to maintain a safe work environment, as described in this document. I am responsible if any injury occurs to the equipment or me I am using because of my failure to maintain a safe environment.

Employee's Signature

Date: _____

Employee's name printed

By signing below, I certify that I have reviewed any safety concerns with the employee and the employee agrees to correct the unsafe condition or accept liability for any injury or property damage that may occur.

Supervisor's Signature

Date: _____

Supervisor's name printed