



# 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.

<b>Yes</b>	<b>No</b>	<b>Security</b>
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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