

SELF-CERTIFICATION HOME SAFETY CHECKLIST

1. Employee Name	4. Home Work Site Address
2. Organization	
3. Home Work Site Telephone	

5. Describe the designated work area, e.g., bedroom, den, living room, etc.

The following checklist is designed to assess the overall safety of the alternative work site. Each participant should read and complete the Self-Certification Home Safety Checklist. A copy of this checklist should be attached to the Telework Agreement.

ITEM	YES	NO
1. Are temperature, noise, ventilation, and lighting levels adequate to maintain your normal level of job performance?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires fixed to the ceiling)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the building's electrical system permit the grounding of electrical equipment?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYEE'S SIGNATURE	DATE
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