|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **General** | **Yes** | **No** |
| 1 | Workspace is away from noise, distractions, and is devoted to your work needs? |  |  |
| 2 | Workspace accommodates workstation, equipment, and related material? |  |  |
| 3 | Floors are clear and free from hazards? |  |  |
| 4 | File drawers are not top-heavy and do not open into walkways? |  |  |
| 5 | Phone lines and electrical cords are secured under a desk or along wall, and away from heat sources? |  |  |
| 6 | Temperature, ventilation, and lighting are adequate? |  |  |
| 7 | All stairs with four or more steps are equipped with handrails? |  |  |
| 8 | Carpets are well secured to the floor and free of frayed or worn seams? |  |  |

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| --- | --- | --- | --- |
| **#** | **Fire Safety** | **Yes** | **No** |
| 1 | There is a working smoke detector in the workspace area? |  |  |
| 2 | A home multi-use fire extinguisher, which you know how to use, is readily available? |  |  |
| 3 | Walkways, aisles, and doorways are unobstructed? |  |  |
| 4 | Workspace is kept free of trash, clutter, and flammable liquids? |  |  |
| 5 | All radiators and portable heaters are located away from flammable items? |  |  |
| 6 | You have an evacuation plan so you know what to do in the event of a fire? |  |  |

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| --- | --- | --- | --- |
| **#** | **Electrical Safety** | **Yes** | **No** |
| 1 | Sufficient electrical outlets are accessible? |  |  |
| 2 |  Computer equipment is connected to a surge protector? |  |  |
| 3 | Electrical system is adequate for office equipment? |  |  |
| 4 | All electrical plugs, cords, outlets, and panels are in good condition?  No exposed/damaged wiring? |  |  |
| 5 | Equipment is placed close to electrical outlets? |  |  |
| 6 | Extension cords and power strips are not daisy chained and no permanent extension cord is in use? |  |  |
| 7 | Equipment is turned off when not in use? |  |  |

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| **#** | **Computer Workstation** | **Yes** | **No** |
| 1 | Chair casters (wheels) are secure and the rungs and legs of the chair are sturdy? |  |  |
| 2 | Chair is adjustable? |  |  |
| 3 | Your back is adequately supported by a backrest? |  |  |
| 4 | Your feet are on the floor or adequately supported by a footrest? |  |  |
| 5 | You have enough leg room at your desk? |  |  |
| 6 | There is sufficient light for reading? |  |  |
| 7 | The computer screen is free from noticeable glare? |  |  |
| 8 | The top of the screen is at eye level? |  |  |
| 9 | There is space to rest the arms while not keying? |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Other Safety/Security Measures** | **Yes** | **No** |
| 1 |  Files and data are secure? |  |  |
| 2 | Materials and equipment are in a secure place that can be protected from damage and misuse? |  |  |
| 3 | You have an inventory of all equipment in the office including serial numbers? |  |  |
| 4 | If applicable, do you use up-to-date anti-virus software, keep virus definitions up-to-date, and run regular scans? |  |  |

**Telework Safety Checklist**

**🞏 Hybrid Telework**

**🞏 Regular Telework**

**(Signatures Required)**

Employee Signature: Date

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Immediate Supervisor Signature : Date

Head of Department / Department Chair Signature: Date

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Dean Signature: Date

Vice President Signature: Date

Human Resources Representative Signature: Date

**🞏 Approved 🞏 Denied**

Comments: