

Attachment C [IOP 46-07]

Work Away
Work Space Self-Certification Checklist and Safety Guidelines
for the Telework Location

Employee Name _____

Division _____ Agency _____

Supervisor Name _____

Designated Telework Location _____

Telework Street Address _____

City _____ County _____ State _____ Zip _____

Telework Phone Number _____

Email _____

Dear Teleworker:

The following checklist is designed to assess the overall safety of your alternate worksite. The checklist is necessary to make you aware of the need for a safe workplace that is conducive for productive work. The safety guidelines are to provide you with information to assist you with maintenance of your telework location. Please read and complete the information regarding the designated work area. Discuss with your supervisor if you have questions.

Please complete the following about the designated work area.	Yes	No
Are temperature, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance?		
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 to the ceiling)?		
Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?		
Is the office space neat, clean, and free of excessive amounts of combustibles?		