

**WORK AT HOME PROGRAM
SAFETY CHECKLIST
EMPLOYEE CERTIFICATION**

NAME	AGENCY	
SERVICE	CORR. SYMBOL CODE	BUSINESS TELEPHONE

Dear Flexiplace Participant,

The following checklist is designed to assess the overall safety of the alternative worksite. Each participant should read and complete the self certification safety checklist. Upon completion the checklist should be signed and dated by the participating employee and immediate supervisor.

THE ALTERNATIVE WORKSITE IS LOCATED AT (*address*):

DESCRIBE THE DESIGNATED WORK AREA (*e.g., den, bedroom area, etc.*):

SAFETY CHECKLIST	YES	NO
1. Is the space free of asbestos containing materials?		
2. If asbestos containing material is present, is it undamaged and in good condition? Only check if applicable.		
3. Is the space free of indoor air quality problems?		
4. Is the space free of noise hazards (<i>in excess of 85 decibels</i>)?		
5. Is there a potable (<i>drinkable</i>) water supply?		
6. Is adequate ventilation present for the desired occupancy?		
7. Are lavatories available with hot and cold running water?		
8. Are all stairs with 4 or more steps equipped with handrails?		
9. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?		
10. Do circuit breakers clearly indicate if they are in the open or closed position?		
11. Is all electrical equipment free of recognized hazards that would cause physical harm (<i>frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires fixed to the ceiling</i>)?		
12. Will the building's electrical system permit the grounding of electrical equipment?		
13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?		
14. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?		
15. Do chairs have any loose casters (<i>wheels</i>)? Are the rungs and legs of chairs sturdy?		
16. Is the office overly furnished?		
17. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?		

SAFETY CHECKLIST**YES****NO**

18. Is the office space neat, clean, and free of excessive amounts of combustibles?

19. Are floor surfaces clean, dry, level, and free of worn or frayed seams?

20. Are carpets well secured to the floor and free of frayed or worn seams?

EMPLOYEE'S SIGNATURE

DATE

IMMEDIATE SUPERVISOR'S SIGNATURE

DATE

NOTE: Supervisors are encouraged to conduct an on-site inspection for any employee checking five or more no answers. Employees are responsible for informing their supervisor of any significant change(s).

COMMENTS