

Safety Self Audit Telecommuting Policy

This form lists areas and items the employee must inspect before telecommuting begins to ensure that the designated alternate work location is safe, ergonomically suitable, and free from hazards. The employee and his or her supervisor may add items to the list as needed. For additional information regarding working safely, you may contact the College's Director of Human Resources.

Once the checklist is completed, the employee must share it with his or her immediate supervisor for review and discussion.

Name of Telecommuter: _____ Dept: _____

Alternate Work Location: _____

Employee: Review the following list and indicate the status of each item. Your supervisor may list other items to review as they are related to your assigned tasks. Once complete, share the list with your immediate supervisor to discuss the safety of the alternate work location, whether it is appropriate for telecommuting, and if changes need to be made.

| Safety Items to Review | Yes | No | Unsure |
|---|--------------------------|--------------------------|--------------------------|
| Is the workstation arranged to be comfortable without unnecessary strain on back, arms, neck? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are cords, cables, or other items arranged to prevent a tripping hazard? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the lighting adequate for assigned tasks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there provisions in place to adequately secure equipment and data? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the workspace kept clean from trash or other combustible materials? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are three-wired grounded outlets or circuit breaker power strips used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the work area separate from major home activity areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the work area void of background/distracting noise during work hours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |