

TELEWORK SAFETY CHECKLIST



Applicant:	OIG phone #:
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Alternative Work Site

Address:	Phone # :
	Fax # :

Description of designated work area:

Answer the following questions about your designated work area:

1. Are all stairs with four or more steps equipped with handrails?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through the walls, exposed wires fixed to the ceiling)?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Will the building's electrical system permit the grounding of electrical equipment?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Are aisles, doorways, and corners free of obstructions that impede visibility and movement?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Are file cabinets and storage closets arranged so open drawers and doors do not create obstructions?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Are the chair casters (wheels) secure and the rungs and legs of the chair sturdy?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

9. Is the office space neat?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Are floor surfaces clean		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Are carpets well secured to the floor and free of frayed or worn seams?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
12. Is there sufficient light for reading?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
13. Is your computer work station or work area ergonomically designed (i.e., furniture and equipment arranged and configured to maximize efficiency, maneuverability, and productivity)?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p>By signing this document, I certify that all the above applicable questions are answered in the affirmative or, if answered in the negative, that I will take all necessary corrective actions to eliminate any hazard (as revealed by a negative response) before I begin to telework.</p>		
Applicant's Signature: _____		Date: _____