

Oregon National Guard

TELEWORK SELF-CERTIFICATION SAFETY CHECKLIST

Name:					
Organization/Office:					
Geographical Location:					
Telephone:					
This self-certification safety checklist assesses the overall safety of alternative worksites. Each telework participant will read, complete, sign and date the checklist. Upon completion, the supervisor will review, sign and date the checklist.					
Address of home work site location:					
Describe the designated home work area:					

A. Workplace Environment

	1.	Are temperature, noise, ventilation and lighting levels adequate to maintain your normal level of job performance?	Yes	No		
	2.	Are all stairs with four or more steps equipped with handrails?	Yes	No		
	3.	Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service and do they clearly indicate if they are in the open or closed position?	Yes	No		
	4.	Is all electrical equipment free of recognized hazards that would cause physical harm (frayed or loose wires, exposed wiring/conductors, missing/broken)?	Yes	No		
	5.	Will the building/residence electrical system provide for grounding electrical equipment (three prong receptacles)?	Yes	No		
	6.	Are aisles, doorways and corners free of obstructions to permit visibility and movement?	Yes	No		
	7.	Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?	Yes	No		
	8.	Do chairs have any loose casters (wheels) and are chair legs sturdy?	Yes	No		
	9.	Are the phone lines, electrical cords and extension wires secured under a desk or along a baseboard?	Yes	No		
	10. Is the office space neat, clear and free of excessive amounts of combustibles?			No		
	11	. Are floor surfaces (including carpets) clean, dry, level and free of worn or frayed seams?	Yes	No		
	12. Is there sufficient light for reading?			No		
	13	. Is the building/residence equipped with working smoke detectors?	Yes	No		
B. Computer Workstation (If applicable)						
		.ls your chair adjustable?	Yes	No		
	15	. Does a back rest support your back adequately?	Yes	No		
	16	Are your feet on the floor or fully supported by a footrest and do you have enough leg room at your desk	Yes	No		

	17. ls you level?	ur computer monitor in a comfortable placement, at eye	Yes	No		
	18. Is the to rea	computer screen free from noticeable glare and easy	Yes	No		
	19. When keying, are your forearms close to parallel with the floor and are your wrists fairly straight?			No		
	20. Is the	re space to rest the arms while not keying?	Yes	No		
C. Computer System Information (if applicable)						
	21. What	is the computer operating system?	Yes	No		
	22. What	is the microcomputer make and model?	Yes	No		
	23. If you have internet access, with what company is the account?		Yes	No		
	24. If remote access will be used to access U.S. government, State and Oregon National Guard data systems:		Yes	No		
	a.	What is the modem speed?	Yes	No		
	b.	Is the modem internal or external?	Yes	No		
	C.	What communications software is installed?	Yes	No		
	d.	What virtual private Network (VPN) access do you have installed on your computer to access the NG domain (ie: Citrix – https://webaccess.or.ngb.army.mil)?	Yes	No		
	e.	Do you have available the Outlook Web Access (Webmail) address (https://webmail.or.ngb.army.mil)?	Yes	No		

Explain any NO responses:

By signing, the employee certifies that the information provided in this ORNG Telework Self-Certification Safety Checklist is true and accurate to the best of their knowledge and that the employee will keep the supervisor and ORNG updated on any changes to this Checklist.						
Employee	Signature	Date (YYYYMMDD)				
Supervisor	Signature	Date (YYYYMMDD)				
	Approved	Disapproved				
Comments	:					
NOTE:	Please attach a copy of this list to your ORNG Employee Teleworking					

Agreement, send a copy to your Human Resource Office - TMO, send a copy to your IT

System Security and retain a copy for your records.