



## TELEWORK SELF-CERTIFICATION SAFETY CHECKLIST

Name:

Organization/Office:

City:

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 work site location:

Describe the designated work site area - e.g. furniture, room size, internet connetion:

## A. Workplace Environment

		Are your feet on the floor or fully supported by a footrest and you have enough leg room at your desk?	Yes	No	
	2.	Does a back rest support your back adequately?	Yes	No	
	1.	Is your chair adjustable?	Yes	No	
B.	Co	omputer Workstation			
	14	Is the building/residence equipped with working smoke detectors?	Yes	No	
	13	Is there sufficient light for reading?	Yes	No	
	12	Are floor surfaces clean, dry, level and for carpets, free of worn or frayed seams?	Yes	No	
	11	Is the proposed work area neat, clear and free of excessive amounts of combustibles?	Yes	No	
	10	Are all cords (electrical, extension wires, network cables) secured under a desk or along a baseboard?	Yes	No	
	9.	Is the chair support system (legs, base) sturdy?	Yes	No	
	8.	Do chairs have any loose casters (wheels)?	Yes	No	
	7.	Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?	Yes	No	
	6.	Are aisles, doorways and corners free of obstructions to permit visibility and movement?	Yes	No	
	5.	Is the building/residence electrical system equipped with three prong receptacles to ground equipment?	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 panels)?	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	
	2.	Are all stairs with four or more steps equipped with handrails?	Yes	No	N/A
	1.	Are temperature, noise, ventilation and lighting levels adequate to maintain your normal level of job performance?	Yes	No	

4. Is the computer monitor at eye level and comfortable to view?	Yes	No			
5. Is the computer screen free from noticeable glare and easy to read?	Yes	No			
6. Are your forearms close to parallel with the floor and are your wrists fairly straight when keying?	Yes	No			
7.Is there space to rest your arms while not keying?	Yes	No			
<b>C. Computer System Information</b> 1. Who is your internet provider at your telework station?					
2. Is your internet download speed adequate to support your work?	Yes	No			
3. Do you have Cisco AnyConnect installed on your machine? (OR-VPN1)?	Yes	No			
4. Do you know how to access the Outlook Web Access Application (Webmail) address (https://webmail.mail.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 Name Typed

Supervisor Signature

Date (YYYYMMDD)

Supervisor Title

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.