



LMHA Teleworker Self-Certification Safety Checklist

The following checklist is designed to assess the overall safety of your home or other non-office environment. Please fill out this form in its entirety. You and your supervisor must sign this form and it must accompany the Short-Term Telework Request and Application.

Employee Name: _____		
Street Address: _____		
_____	_____	_____
CITY	STATE	ZIP
Phone Number: _____ Work Phone Number: _____		
Supervisor Name: _____ Department: _____		

WORKPLACE ENVIRONMENT

	Yes	No
Are temperature, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance?		
Are all stairs with four (4) or more steps equipped with handrails?		
Are all circuit breakers and/or fuses in the electrical panel labeled as intended?		
Do circuit breakers clearly indicate if they are in the open or closed position?		
Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, loose wires, flexible wires running through walls, exposed wires to the ceiling)?		
Will the building's electrical system permit the grounding of electrical equipment?		
Are aisles, doorways, & corners free of obstructions to permit visibility and movement?		
Are file cabinets & storage closets arranged so drawers & doors do not open into walkways?		
Do chairs have any loose wheels & are the rungs and chair legs sturdy?		
Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?		
Is the office space neat, clean, and free of fire hazards and/or excessive amounts of combustibles?		
Are floor surfaces clean, dry, level, and free of damaged seams?		
Are carpets well secured to the floor and free of frayed or worn seams?		
Is there enough light for reading?		

COMPUTER WORKSTATION

	Yes	No
Is your chair adjustable?		
Do you know how to adjust your chair?		
Is your back adequately supported by a backrest?		
Are your feet on the floor or fully supported by a footrest?		
Are you satisfied with the placement of your laptop or computer monitor and keyboard?		
Is it easy to read the text on your screen?		
Do you need a document holder?		
Do you have enough leg room at your desk?		
Is the computer monitor screen free from noticeable glare?		
Is the laptop screen or computer monitor screen at a comfortable eye level?		
Is there space to rest the arms when not keying?		
When keying, are your forearms close to parallel with the floor?		
Are your wrists fairly straight when keying?		

EMPLOYEE CERTIFICATION: I certify all information on this checklist is true and correct. I have been made aware of the importance of having a safe and comfortable workspace.

Employee Signature

Date

Manager Comments: _____

Manager/Supervisor Signature: _____ Date: _____

HUMAN RESOURCES

I certify this checklist and the information provided herein is in compliance with the appropriate policies and procedures.

SIGNATURE: _____ DATE: _____

SENSITIVE INFORMATION: The information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure security and confidentiality. In addition, these records should be protected against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained.