

Sample Safety and Security Checklist

The employee requesting to telework must complete this form. All answers should be checked "yes" to have a safe work environment. Any answer checked "no", should be corrected prior to starting telework. If any answer is checked "no", the employee assumes any liability as a result of their decision to not correct the deficiency. The employee and the manager acknowledge this responsibility by signing below.

Yes	No	Security
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- | | | |
|-------|-------|---|
| _____ | _____ | Are work materials and equipment in a secure place that can be protected from theft, damage or misuse? |
| _____ | _____ | Are the security requirements in place to protect confidentiality and security of state information and computer systems? |

Electrical

- | | | |
|-------|-------|--|
| _____ | _____ | Are all machines properly grounded? |
| _____ | _____ | If portable hand tools are used, are they grounded or double insulated? |
| _____ | _____ | Are junction boxes closed? |
| _____ | _____ | Is all electrical equipment in good working condition? |
| _____ | _____ | Are all phone lines, electrical, and other cords safely secured and out of the way? |
| _____ | _____ | Are electrical cords free of any defects or fraying? |
| _____ | _____ | Is adequate amperage provided to the home and the work site? |
| _____ | _____ | Are all circuit breakers and fuses in the electrical panel labeled for intended service? |
| _____ | _____ | Are circuit breakers labeled clearly for open and closed positions? |
| _____ | _____ | Is the computer equipment connected to a surge protector? |

Fire Protection

- | | | |
|-------|-------|---|
| _____ | _____ | Is a fire extinguisher readily available? |
| _____ | _____ | Is it fully charged and operable? |
| _____ | _____ | Are there smoke detectors in the work site? |
| _____ | _____ | Is there a smoke detector within hearing distance of the work space? |
| _____ | _____ | Are the batteries or other power supplies of the smoke detectors checked regularly? |

Liability

- | | | |
|-------|-------|---|
| _____ | _____ | Does the homeowner or renters' insurance cover business use in alternate work site? |
|-------|-------|---|

Housekeeping

- _____ Is the work area clean and orderly?
- _____ Are aisles and doorways free of obstructions?
- _____ Are all spilled materials or liquids cleaned up immediately?
- _____ Is combustible scrap, debris, and waste stored safely and removed from the worksite promptly?
- _____ Are the file cabinets arranged so drawers do not open into walkways?
- _____ Are carpets well secured to the floor, and free of frayed or worn seams?

Means of Exit

- _____ Are there enough exits to allow prompt escape?
- _____ Do employees have easy access to exits?

Materials Handling and Storage

- _____ Is adequate clearance allowed in aisles where materials must be moved?
- _____ Are tiered materials stacked, interlocked, locked, and limited in height to maintain stability?
- _____ Are storage areas kept free of tripping, fire, explosion, and pest hazards?

Acknowledgment:

By signing below, I certify that have read and accurately completed this document. I agree to correct the conditions that are not safe and to maintain a safe work environment, as described in this document. I am responsible if any injury occurs to me or the equipment I am using as a result of my failure to maintain a safe environment.

Employee's Signature

Date: _____

Employee's name printed

By signing below, I certify that I have reviewed any safety concerns with the employee and the employee agrees to correct the unsafe condition or accept liability for any injury or property damage that may occur.

Supervisor's Signature

Date: _____

Supervisor's name printed