



## Work Space Self-Certification Checklist and Safety Guidelines Form

|   |                                     |           |
|---|-------------------------------------|-----------|
| Employee's Name:  | Employee's Department:              |           |
| Supervisor's Name:  | Specific Designated Telework Space: |           |
| Telework street address (include city, county, state, zip):   |                                     |           |
| <p>The following checklist is designed to assess the overall safety of your alternate worksite. The checklist is necessary to make you aware of the need for a safe workplace that is conducive for productive work. The safety guidelines are to provide you with information to assist you with maintenance of the stated telework location. Please read and complete the information regarding the designated work area. Discuss with your supervisor if you have questions.</p>   |                                     |           |
| <b>Please complete the following about the designated work area:</b>  | <b>YES</b>                          | <b>NO</b> |
| Are temperature, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance?   |                                     |           |
| Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)?   |                                     |           |
| 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 excessive amounts of combustibles?   |                                     |           |
| <p>I understand that the institution is not liable for damages to my personal property while teleworking, nor is it responsible for operating costs, home maintenance, or other incidental costs (e.g., utilities, home insurance, etc.). The institution is not responsible for damage caused by the unauthorized or misuse of equipment and supplies assigned in accordance with the telework agreement.</p>  |                                     |           |
| <p>While working at the alternate site, I will designate one area as my official workstation. I understand that the institution's potential liability with on-the-job injury or occupational illness is restricted to this official workstation. I certify that my responses to the checklist are true and complete to the best of my knowledge. I understand that any erroneous, misleading, or fraudulent information is sufficient grounds to disqualify me from teleworking and/or may lead to further disciplinary action. I have read the above Safety Guidelines for the Telework Location and have discussed any concerns with my supervisor.</p> |                                     |           |
| Employee Signature:   | Date:                               |           |
| Supervisor Signature:   | Date:                               |           |