



TELECOMMUTING SAFETY CHECKLIST

This checklist is used to assess the overall safety of the remote work location. The checklist must be completed and submitted to the employee's Supervisor/Manager for review along with the Telecommuting Application (Attachments 1 and 2 of the Telecommuting Program Guide). The employee and Department will retain a copy for their records.

I self-certify that my remote workspace is as follows:

1. Are temperature, noise, ventilation, and lighting level adequate for maintaining your normal level of job performance? Yes No
2. Are all supplies and equipment in good working condition and can be safely used as intended? Yes No
3. Is storage organized to minimize risks of fire? Yes No
4. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires or fixtures, exposed wiring on the ceiling or walls)? Yes No
5. Will the location's electrical system permit the grounding of electrical equipment (a three-prong receptacle)? Yes No
6. Are the file cabinets and storage closets arranged so drawers and doors do not enter walkways? Yes No
7. In case of fire, is there a primary exit path free of obstruction and easy to use? Yes No

*I have completed the Telecommuting Safety Checklist accurately and honestly to the best of my knowledge. I understand that I have the right to request the Safety Division to conduct an **ergonomic evaluation** of my remote work site per the **County of Riverside's Safety Manual Document 2005** or to have additional training provided.*

Employee Signature

Date

Supervisor/Manager Signature

Date

Department Head (or Designee) Signature

Date

(To be signed upon execution of the Telecommuting Work Program Agreement)