County of Glenn

Telework Worksite Safety Checklist and Certification #2

Computer Workstation ☐ Chair casters (wheels) are secure and the rungs and legs of the chair are sturdy \square Chair is adjustable? ☐ Your back is adequately supported by a backrest? ☐ Your feet are on the floor or adequately supported by a footrest? ☐ You have enough leg room at your desk? ☐ There is sufficient light for reading? ☐ The computer screen is free from noticeable glare? \square The top of the screen is at eye level? **Other Safety/Security Measures** ☐ Files and data are secure? ☐ Materials and equipment are in a secure place, protected from damage and misuse? ☐ You have an inventory of all equipment in the office including serial numbers (maintained on Telework Agreement)? By my signature below, I certify that that my telework worksite and workspace are adequate to perform all assignments. If, at any time, my telework worksite or workspace become no longer adequate, I will request termination of my telework agreement and return to work at my County office location. Employee Name: Employee Signature: Date: _____ Department Head or designee Name: _____ Department Head or designee Signature: ______ Date: _____ ☐ Telework Worksite Safety Checklist Approved ☐ Telework Worksite Safety Checklist Denied (Denial Explanation Required) Denial Explanation: