

# County of Glenn

## Telework Worksite Safety Checklist and Certification # 1

Employee Name \_\_\_\_\_ Job Title \_\_\_\_\_

County Email \_\_\_\_\_

Name of Department Head or Designee \_\_\_\_\_

County Primary Work Location \_\_\_\_\_

Telework Alternate Work Location \_\_\_\_\_

### **General**

- Workspace is away from noise, distractions, and is devoted to your work needs?
- Workspace accommodates workstation, equipment, and related material and equipped with high-speed internet service?
- Floors are clear and free from hazards?
- File drawers are not top-heavy and do not open into walkways?
- Phone lines and electrical cords are secured under a desk or along wall, and away from heat sources?
- Temperature, ventilation, and lighting are adequate?
- All stairs with four or more steps are equipped with handrails?
- Carpets are well secured to the floor and free of frayed or worn seams?

### **Fire Safety**

- There is a working smoke and carbon monoxide detector in the workspace area?
- Walk ways aisles, and doorways are unobstructed?
- Workspace is kept free of trash, clutter, and flammable liquids?
- All radiators and portable heaters are located away from flammable items?
- Do you have a fire extinguisher and an evacuation plan so you know what to do in the event of a fire?

### **Electrical Safety**

- Sufficient electrical outlets are accessible?
- Computer equipment is connected to a surge protector?
- Electrical system is adequate for office equipment?
- All electrical plugs, cords, outlets, and panels are in good condition? No exposed/damaged wiring?

- Equipment is placed close to electrical outlets?
- Extension cords and power strips are not strung together and no permanent extension cord is in use?
- Equipment is turned off when not in use?

**Computer Workstation**

- Chair casters (wheels) are secure and the rungs and legs of the chair are sturdy
- 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?
- 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 County equipment in the office?

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 begin working 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:

---



---



---



---



---