

## Self-Certification Safety Inspection Checklist For Telecommuting Arrangements

**Employee Name:** \_\_\_\_\_ **Address/Location:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone number at location:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Date of Inspection:** \_\_\_\_\_

**The following checklist on General Office Safety and Ergonomics must be completed.**

During the inspection of the designated area, circle the correct answer at the end of each question. If the question does not apply, circle (NA). Please explain any No or NA responses.

### GENERAL OFFICE SAFETY

**Explain if No or NA**

Are workstations free of obstructions to permit visibility and movement?	Yes	No	NA
Are chairs in safe condition and are casters, rungs and legs sturdy?	Yes	No	NA
Are all equipment and supplies in their proper places?	Yes	No	NA
Are filing cabinets and other heavy equipment placed against the wall?	Yes	No	NA
Are proper lifting techniques, controls, or dollies, etc. available and used for transporting heavy objects and boxes?	Yes	No	NA
Are floor surfaces in office area secure and free of hazards?	Yes	No	NA
Are carpeted areas clean, carpets secured to floor and free of worn or frayed seams?	Yes	No	NA
Is a step stool or ladder available to minimize the temptation to use chairs for reaching high objects?	Yes	No	NA
Is all office electrical equipment properly grounded or double insulated?	Yes	No	NA
Is all office electrical equipment in proper working order?	Yes	No	NA
Is all office electrical wiring free of frayed or damaged cords and plugs?	Yes	No	NA
Are cords located to prevent tripping hazards?	Yes	No	NA
Are a sufficient number of outlets available to minimize use of extension cords?	Yes	No	NA
Is all electronic office equipment protected by surge protection devices?	Yes	No	NA
Is equipment plugged into a UL approved power strip with a manual reset circuit breaker or fuse?	Yes	No	NA

**ERGONOMICS**

1. Employee should complete and attach the Computer Workstation Ergonomics Checklist: \_\_\_\_\_ (date completed)  
<http://www.safety.duke.edu/Ergonomics/Documents/VDTWorkstationEvaluationChecklist.pdf>
2. Employee should review the Office Ergonomics for Telecommuters training course video and take the quiz. (Log into the OESO on-line training at [www.safety.duke.edu](http://www.safety.duke.edu), click the "Courses Available On-line" link and scroll down to the course link for "Office Ergonomics for Telecommuters.") \_\_\_\_\_ (date completed)
3. Remember to stretch and move as much as possible to prevent discomfort. Stretches and additional workstation information is available in the Ergonomics section of the OESO web site: <http://www.safety.duke.edu/Ergonomics/>

If any problems or questions, ask your supervisor.

**COMMENTS:**

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**Employee Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_