



U.S. Department of State
HOME SAFETY CHECKLIST FOR TELEWORKERS

The following checklist is designed to assess the overall safety of your alternate duty station. Please read and complete the self-certification safety checklist. Upon completion, you and your supervisor should sign and date the checklist in the spaces provided.

Name (*Last, First, MI*) _____

Organization _____

The alternate duty station is _____ Supervisor's Name _____

Address _____ City/State _____

Alternate duty station phone number _____

Briefly describe the designated work area in the alternate duty station.

A. Workplace Environment

1. The temperature, noise, ventilation and lighting levels are adequate for maintaining your normal level of job performance. Yes No
2. Stairs with four or more steps are equipped with handrails. Yes No
3. Circuit breakers and/or fuses in the electrical panel are labeled as to intended services. Yes No
4. Circuit breakers clearly indicate if they are in the open or closed position. Yes No
5. Electrical equipment is 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*). Yes No
6. The buildings electrical system permits the grounding of electrical equipment. Yes No
7. Aisles, doorways, and corners are free of obstructions to permit visibility and movement. Yes No
8. File cabinets and storage closets are arranged so drawers and doors do not open into walkways. Yes No
9. Elements of the desk chair secure and sturdy. Yes No
10. Phone lines, electrical cords, and extension wires are secured, taped under a desk, alongside a baseboard, or under carpet. Yes No
11. Office space is neat, clean, and free of excessive amounts of combustibles. Yes No
12. Floor surfaces are clean, dry, level and free of worn or frayed seams. Yes No
13. Carpets are well secured to the floor and free of frayed or worn seams. Yes No
14. There is enough light for reading. Yes No

B. Computer Workstation

1. If your chair is adjustable you know how to adjust it. Yes No
2. Your back is adequately supported by a backrest. Yes No
3. Your feet are either on the floor or fully supported by a footrest. Yes No
4. You are satisfied with the placement of your monitor and keyboard. Yes No
5. The text on your screen is free from noticeable glare and easy to read. Yes No
6. If you require a document holder, you have one. Yes No
7. You have enough leg room at your desk. Yes No
8. The top of the screen is level. Yes No
9. There is space to rest your arms while keying and your forearms are parallel with the floor when keying. Yes No
10. Your wrists are fairly straight when keying. Yes No
11. Your home workstation is ergonomically correct. Yes No

Employee Signature

Date (mm-dd-yyyy)

Immediate Supervisor Signature

Date (mm-dd-yyyy)

Approved Disapproved

Please return a copy to your bureau telework coordinator

PRIVACY ACT STATEMENT

Authority This information is sought under authority of the Telework Enhancement Act of 2010 (5 U.S.C. 6501 et. seq.) and 5 CFR 531.605.

Purpose The information solicited on this form will be used to ensure eligibility in the Telework program, to validate the employee's performance of a home safety check and to facilitate timely processing of the request.

Routine Uses The information on this form is for administrative purposes and will not be shared with anyone outside the State Department. More information on the Routine Uses for the system can be found in System of Records Notice, State-31, Human Resources Records.

Disclosure The information requested on this form is voluntary but failure to provide the requested information may delay or result in disapproval of your Telework request.