



**Home Office Safety Checklist**

Telecommuting Employee Name:
Telecommuting Work Site Physical Address:
Supervising Administrator:
Inspected By:
Inspection Date:

A. WORKPLACE CONDITIONS	YES	NO	ACTION REQUIRED/COMMENTS
<b>1. Floors</b> <ul style="list-style-type: none"> <li>Free of trip, slip and fall hazards.</li> <li>Free of protrusions, loose tiles, or carpets</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>2. Corridors, Passageways, Aisles</b> <ul style="list-style-type: none"> <li>Clear and unobstructed</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3. Stairs</b> <ul style="list-style-type: none"> <li>Tread and edgings slip resistant</li> <li>Handrail in safe condition</li> <li>Clear and unobstructed</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>4. Exits</b> <ul style="list-style-type: none"> <li>Clear and unobstructed</li> <li>Outside landings, walkways clean (snow/ice)</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>5. Lighting</b> <ul style="list-style-type: none"> <li>Walking/working areas adequately illuminated</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6. Ergonomics</b> <ul style="list-style-type: none"> <li>Employee knows and uses ergonomic principles at their workstation</li> <li>Employee know and uses proper manual material handling ( i.e. Lifting/carrying) methods</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

B. STORAGE	YES	NO	ACTION REQUIRED/COMMENTS
<ul style="list-style-type: none"> <li>Adequate shelving available</li> <li>Shelving secured</li> <li>Material properly stacked (heavy material on bottom)</li> <li>Stored material secured to prevent shifting/falling</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

C. EQUIPMENT/FURNISHINGS	YES	NO	ACTION REQUIRED/COMMENTS
<b>1. Equipment condition</b> <ul style="list-style-type: none"> <li>Is in safe operating condition</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. Furnishings</b> <ul style="list-style-type: none"> <li>Is in safe operating conditions: desk, chairs, file cabinets, etc.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	



D. Electrical	YES	NO	ACTION REQUIRED/COMMENTS
<ul style="list-style-type: none"> <li>• Power cords in good condition – no exposed wires, not frayed or with cracked or damaged plus</li> <li>• Power cords used safely – placed/secured to prevent tripping and NOT run under carpet</li> <li>• Ground fault interrupter on plus near water</li> <li>• Adequate number of receptacles provided. No overloading outlets with too many plugs</li> <li>• Receptacle plates in good condition – not broken, no evidence of burning</li> <li>• Appliances and equipment plugged directly into receptacles when possible</li> <li>• Power bars and surge protectors plugged directly into wall receptacles and not into each other</li> </ul>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	

E. EMERGENCY SYSTEMS	YES	NO	ACTION REQUIRED/COMMENTS
<b>1. First Aid</b> <ul style="list-style-type: none"> <li>• #2 kits provided</li> <li>• Adequately stocked – first aid kits</li> <li>• Treatment recorded in record book</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>2. Fire/Emergency Response</b> <ul style="list-style-type: none"> <li>• Employee knows fire/evacuation procedures</li> <li>• Self-closing mechanisms on fire doors operate? (i.e. attached garage)</li> <li>• Employee knows working alone procedures</li> <li>• Employee know workplace violence procedures</li> </ul>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	

F. GENERAL FACILITY	YES	NO	ACTION REQUIRED/COMMENTS
<ul style="list-style-type: none"> <li>• Employee works in a safe manner?</li> <li>• Good housekeeping and sanitary practices</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	



**G. ADDITIONAL COMMENTS**

Inspection Completed By: \_\_\_\_\_  
(Print Name)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_