**Ergonomics and Safety Checklist**

This checklist is designed for employees to assess the safety of the teleworking site. To make your selection, put the cursor over the box you want to mark, right click the mouse, and select “Properties.” Under “Default value” in the dialog box mark “Checked.”

1. Do you have proper overhead lighting?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | (a) Yes | [ ]  | (b) No |

1. Is all electrical equipment free of recognized hazards that could cause physical harm (frayed wires running through walls, exposed wires fixed to the ceiling)?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | (a) Yes | [ ]  | (b) No |

1. Are surge protectors properly installed?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | (a) Yes | [ ]  | (b) No |

1. Are aisles, doorways and floors free of obstructions to permit visibility and movement?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | (a) Yes | [ ]  | (b) No |

1. Is there an exit that allows prompt exiting?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | (a) Yes | [ ]  | (b) No |

1. Are phone lines, electrical cords and extension wires secured under a desk or along a baseboard?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | (a) Yes | [ ]  | (b) No |

1. Is a working fire extinguisher located nearby?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | (a) Yes | [ ]  | (b) No |

1. Are working smoke detectors installed at the work site?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | (a) Yes | [ ]  | (b) No |

1. Are files and data secure?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | (a) Yes | [ ]  | (b) No |

1. Are there security requirements in place to protect confidentiality and security of company information and computer systems?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | (a) Yes | [ ]  | (b) No |

1. Do you have a dedicated workspace that is quiet and secure?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | (a) Yes | [ ]  | (b) No |

1. Does your dedicated workspace measure at least 6 ft. by 6 feet?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | (a) Yes | [ ]  | (b) No |

1. Is your work area (desk) at least 23 in. deep?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | (a) Yes | [ ]  | (b) No |

1. Does your desk height adjustable between 22-48”?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | (a) Yes | [ ]  | (b) No |

1. Do you have an ergonomically designed chair?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | (a) Yes | [ ]  | (b) No |

1. Do you have afull-size external monitor, keyboard, and mouse rather than solely using a laptop computer?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | (a) Yes | [ ]  | (b) No |

*Employees should use the laptop as a ‘monitor only’ and raise the monitor on a docking station, laptop stand, books, monitor stands, etc. and at the very least, attach an external keyboard and mouse. Laptops by themselves are not ergonomically designed and the duration an employee uses only a laptop as their sole computer should be limited. Employees are recommended to use an ergonomic keyboard and mouse where necessary.*

1. Do you have noise cancelling headphones, or a headset?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | (a) Yes | [ ]  | (b) No |