Alternate Worksite Safety Checklist (remote work arrangements only)

Each participant should read the safety checklist provided below. By checking the marks, each participant certifies that all remote work locations are in compliance with all listed safety criteria. This list only highlights some specific areas. Regardless of whether a safety concern is listed or not, employees are completely responsible to ensure that their work area is free from hazards and otherwise safe.

After completion of the form, please keep a copy within your department. These do not need to be shared with Human Resources but should be reviewed at least annually.

General	Yes	No
1. Workspace is free from noise distractions and is devoted to your work needs?		
2. Workspace accommodates workstation, equipment and related material?		
3. Floors are clear and free from hazards?		
4. File drawers are not top-heavy and do not open into walkways?		
5. Phone lines and electrical cords are secured under a desk or along a wall, and away from heat sources?		
6. Temperature, ventilation, and lighting are adequate?		
7. All stairs with four or more steps are equipped with handrails?		
8. Carpets are well secured to the floor and free of frayed or worn seams?		
Fire Safety	Yes	No

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9. There is a working smoke detector in the workspace area?		
10. A home multi-use fire extinguisher, which you know how to use, is readily available?		
11. Walkways aisles, and doorways are unobstructed?		
12. Workspace is kept free of trash, clutter, and flammable liquids?		
13. All radiators and portable heaters are located away from flammable items?		
14. You have an evaluation plan so you know what to do in the event of a fire?		
Electrical Safety	Yes	No
15. Sufficient electrical outlets are accessible?		
16. Computer equipment is connected to a surge protector?		
17. Electrical system is adequate for office equipment?		
18. All electrical plugs, cords, outlets, and panels are in good condition? No exposed/damaged wiring?		
19. Equipment is placed close to electrical outlets?		



21. Equipment is turned off when not in use?		
Computer Workstation	Yes	No
22. Chair casters (wheels) are secure and the rungs and legs of the chair are sturdy?		
23. Chair is adjustable?		
24. Your back is adequately supported by a backrest?		
25. Your feet are on the floor or adequately supported by a footrest?		
26. You have enough leg room at your desk?		
27. There is sufficient light for reading?		
28. The computer screen is free from noticeable glare?		
29. The top of the screen is at eye level?		
30. There is space to rest the arms while not keying?		
Other Safety/Security Measures	Yes	No
31. Files and data are secure?		
32. Materials and equipment are in a secure place that can be protected from damage and misuse?		



33. You have an inventory of all equipment in the office including serial numbers?	
34. If applicable, do you use up-to-date anti-virus software, keep virus definitions up-to-date, and run regular scans?	

I affirm that the information in this worksite safety checklist is accurate.

Employee Name

Employee Signature

Date

I affirm that I have reviewed this checklist and it is complete.

Supervisor Name

Supervisor Signature

Date