

CAL POLY Self-Certification Safety Checklist for Routine Telecommuting/Remote Work at a Non-CAL POLY Worksite

Employee Name: _____ Department: _____

Alternate worksite location: _____

The following checklist is designed to assess the overall safety of the proposed alternate worksite. Employees are responsible for completing this safety checklist and resolving any safety concerns indicated by a “No” response before routine telecommuting/remote work begins and whenever changes in the worksite introduce new potential hazards. Upon completion, the employee will sign and date this certification checklist, and the manager will retain all documentation, including findings and corrective actions, during the term of the Routine Telecommuting/Remote Work Agreement. [Ergonomics](#) is available as a resource to provide information and guidance on assuring a safe and ergonomically sound work environment.

SAFETY CHECKLIST

Alternate Worksite Environment (a Non-CAL POLY worksite)

1. Are temperature, noise, ventilation, and lighting levels adequate for maintaining the same level of job performance as if you were on-site? Yes No
2. Do all walkways and doorways provide proper egress, and unobstructed and free of slip/trip hazards? Yes No
3. Are cabinets, furniture and equipment greater than 4-feet tall anchored to the wall and are large and heavy items on lower shelves or the ground? Yes No
4. Is the worksite kept clean and free of trash or other combustible materials? Yes No
5. Is a charged, easily accessible fire extinguisher in the area? Yes No
6. Are all electrical equipment, plugs, cords and outlets in good condition, free of exposed/damaged wiring or other recognized hazards, and available for safely powering office equipment? Yes No

Computer Workstation

7. Have you completed ergonomics for computer users training and a workstation self-assessment on your alternate worksite computer workstation (available at [Ergonomics](#))? Yes No
8. Is the desk, chair and computer workstation comfortable and ergonomically supportive? Yes No
9. Do you have enough legroom at your desk, and are your feet on the floor or fully supported by a footrest? Yes No
10. Are you satisfied with the placement of your monitor: is the top of the screen eye level; is the screen free from noticeable glare; and is it easy to read the text on your screen? Yes No
11. When keying, are your forearms close to parallel with the floor, and is there space to rest your arms while not keying? Yes No
12. Are your wrists comfortable as you use the keyboard and mouse? Yes No

CORRECTIVE ACTIONS to Alternate Worksite Environment and Computer Workstation

Item No.	Corrective action taken	Date corrected

The employee has inspected the above items and certifies that the designated worksite is safe and free from hazards.

Employee Signature

Date