



Sample Checklist for the Alternative Worksite

Purpose: To provide a general framework for telecommuting. This sample checklist does not attempt to address special conditions and needs of all agencies/departments.

Telecommuter: Success of this telecommuting arrangement depends on a realistic assessment of the alternate work space and the ability of the employee to successfully complete his/her work in this environment. The telecommuter must assess the alternate workspace to ensure that the space is adequate, safe, and hazard free.

Name of Employee:	Name of Supervisor:
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List of Items/Conditions to Inspect	Check Yes, No, Or N/A (Not Applicable)		
	Yes	NO	N/A
1. Is the workspace free of asbestos-containing materials?			
2. If asbestos-containing material is present, is it undamaged and in good condition?			
3. To the extent it can be determined, is the work area free of indoor air quality problems?			
4. Is the space free of noise hazards?			
5. Are temperature, noise, ventilation, and lighting adequate for your normal level of job performance?			
6. Is all electrical equipment free of recognized hazards that would cause physical harm (e.g., frayed, loose, or exposed wires)?			
7. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?			
8. Do circuit breakers clearly indicate if they are in the open or closed position?			
9. Will the building's electrical system permit the grounding of electrical equipment (a 3-prong receptacle)?			
10. Is there a potable (drinkable) water supply?			
11. Are all stairs with four or more steps equipped with handrails?			
12. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?			
13. Are file cabinets and closets arranged so drawers and doors do not open into hallways?			
14. Are the phone lines, electrical cords, and surge protectors secured under a desk or alongside a baseboard?			
15. Is there a smoke detector in or near the work area?			

16. Is adequate ventilation present for the desired occupancy?			
17. Are lavatories available with hot and cold running water?			
18. Do chairs have any loose casters or wheels?			
19. Are the legs of the chairs sturdy?			
20. Is the office space neat, clean, and free of excessive amounts of combustibles?			
21. Are the floor surfaces clean, dry, level, and free of worn or frayed seams?			
22. Are carpets well secured to the floor and free of frayed or worn seams?			
23. Do you have an emergency or contingency plan in place with emergency telephone numbers and means of escape?			
24. Is your chair adjustable?			
25. Do you know how to adjust your chair?			
26. Is your back adequately supported by a backrest?			
27. Are your feet on the floor or fully supported by a footrest?			
28. Are you satisfied with the placement of your computer monitor, mouse and keyboard?			
29. Is it easy to read the text on your screen?			
30. Do you have a document holder?			
31. Do you have enough leg room at your desk?			
32. Is the computer monitor screen free from noticeable glare?			
33. Is the top of the computer monitor screen at eye level?			
34. Is there space to rest your arms while not keying?			
35. When keying, are your forearms parallel with the floor?			
36. Are your wrists fairly straight when keying?			

Fully explain any "NO" answers on a separate sheet of paper.

Signature of Employee: _____ Date: _____

Signature of Supervisor: _____ Date: _____