



## Work Site Safety Checklist

The following information is designed to assure the overall safety of the off-site work location. Please complete the checklist below, once completed, sign and submit this form to your immediate supervisor along with your completed application and Terms and conditions Agreement.

Employee Name: \_\_\_\_\_

Designated workspace (i.e. home office, den etc.): \_\_\_\_\_

Yes	No	Question
		Is the work space free of potential hazards that could cause physical harm (such as frayed wires, bare conductors, loose wires, exposed wires to the ceiling, frayed or torn carpeting seams, and or uneven floor surfaces)?
		Are electrical outlets grounded (3 pronged)?
		Is the furniture being used (i.e. desk, file cabinets, shelves, bookcases) sturdy and adequate for use?
		Are the rungs and legs of the chair sturdy and free of loose casters (wheels)?
		Are the phone lines, electrical cords, and extension wires secured?
		Is the office space neat, clean, and free of obstructions and excessive amounts of combustibles?
		Are temperature, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance?
		Is a fire extinguisher easily accessible from the office space?
		Is there a working (test) smoke detector within hearing distance of the workspace?
		Is the area free from distractions i.e. children?

I verify that I have read the above information and affirm that my off-site workspace is a safe place to work.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_