

Administrative Procedure 441 – Appendix A

Alternate Workplace Safety Checklist

Employees are responsible for ensuring their designated workspace meets normal occupational health and safety standards for a home office. Use this document as a guide to identify and address any potential hazards while working at home.

Employee Name: _____ Position: _____

Alternate Work Location Address: _____

Primary Purpose of Alternate Work Location (i.e. Home): _____

General Work Area (Office)	Employee Acknowledgement	Comments
There are no loose materials, debris or worn carpet that may be a tripping hazard or any areas that are slippery or have rough, splintered or protruding nails or screws.	<input type="checkbox"/>	
Stairways and aisles clear and unblocked, well lighted and have handrails.	<input type="checkbox"/>	
There are no worn or broken items with sharp or splintered edges.	<input type="checkbox"/>	
The floor is clear with cables stowed neatly.	<input type="checkbox"/>	
No frayed electrical cords.	<input type="checkbox"/>	
All electrical outlets and devices properly grounded and are extension cords and power bars are used safely.	<input type="checkbox"/>	

Workstation	Employee Acknowledgement	Comments
Appropriate security measures in place at the remote work location to ensure individual (personal security) and to prevent theft or non-authorized access to equipment and sensitive materials.	<input type="checkbox"/>	
Task and general lighting adequate with minimal glare on computer screen.	<input type="checkbox"/>	
Chair, desk and keyboard ergonomic and height/settings adjusted correctly.	<input type="checkbox"/>	
Space adequate to perform the work, with appropriate ventilation, temperature control and work surfaces.	<input type="checkbox"/>	
Cabinets and shelves secured to walls with heavy items placed on lower shelves to reduce falling hazards.	<input type="checkbox"/>	

Evacuation and Emergency Equipment	Employee Acknowledgement	Comments
Exit routes unobstructed and clear.	<input type="checkbox"/>	
First aid kit/ supplies accessible.	<input type="checkbox"/>	
Smoke detectors and carbon monoxide detectors properly maintained.	<input type="checkbox"/>	

Additional Considerations/Comments

Employee Name

Supervisor Name

Employee Signature

Supervisor Signature

Date

Date