



HOME SAFETY CHECKLIST

The Remote Worker is responsible for ensuring a clean, safe and ergonomically sound home/off-site office as a condition for Remote Work. This form serves as an initial on-site work place hazards assessment of the home/off-site office. All of the conditions below should be reviewed and implemented. The Remote Worker should review this checklist with his/her Appropriate Administrator, and must sign it prior to the start of Remote Work.

Alternative Worksite Physical and Ergonomic Conditions	
<input type="checkbox"/>	The Remote Worker agrees to maintain a clearly defined workspace that is clean, free from distractions and obstructions, and is in ergonomically sound condition.
	The work area is adequately illuminated with lighting directed toward the site or behind the line of vision, not in front or above it.
<input type="checkbox"/>	Supplies and equipment (both University and employee-owned) are in good condition.
<input type="checkbox"/>	The area is well ventilated.
<input type="checkbox"/>	All extension cords have grounding conductors.
<input type="checkbox"/>	Exposed or frayed wiring and cords are repaired or replaced immediately upon detection.
<input type="checkbox"/>	Surge protectors are used for computers, fax machines and printers.
<input type="checkbox"/>	Desk, chair, computer and all other equipment used for telecommuting are of appropriate design and arranged to eliminate strain on all parts of the body. See guidelines at https://csumb.edu/risk/ergonomics/
Emergency Preparedness	
<input type="checkbox"/>	Local emergency phone numbers (hospital, fire, police) are readily accessible.
<input type="checkbox"/>	Employee has reviewed the 10 Ways to Be Prepared at Home located at; https://www.caloes.ca.gov/ICESite/Pages/10-Ways-To-Be-Prepared.aspx
<input type="checkbox"/>	Employee has reviewed earthquake preparedness and response resources located at: https://www.earthquakecountry.org/prepare/

By checking each box above and signing below, I confirm that the aforementioned safety conditions are met:

Name of Remote Worker: _____ Date: _____

Signature: _____