Employee Name

Supervisor Name

Remote Workspace Location Address Telephone Number

The remote workspace is located (check one):  In Home  Not in Home

\_\_\_\_\_ Number of photographs of the remote workspace are attached.

You are personally responsible for maintaining safety and health standards of your workspace when you work remotely.

If your responses to one or more of the following questions are “no” you may be required to work in the office/at school until you are able to check “yes.”

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| **GENERAL WORKSPACE** | **Yes** | **No** |
| 1. Is your workspace located away from noise and distractions, and devoted to work needs? |  |  |
| 1. Does your workspace accommodate the workstation, equipment, and related material? |  |  |
| 1. Are the floors clear and free from hazards? |  |  |
| 1. Do open drawers and doors obstruct access to your workspace? |  |  |
| 1. Are electrical cords (e.g., phone, internet, power, etc.) secured under a desk or along the wall, and away from heat sources? |  |  |
| 1. Is the temperature, ventilation, and lighting adequate? |  |  |
| 1. Do you have a drinkable water supply nearby? (e.g., your workspace is in a garage or a shed in the garden) |  |  |
| 1. Are adequate restroom facilities nearby? (e.g., your workspace is in a garage or a shed in the garden) |  |  |
| 1. Are all stairs to your workspace with four or more steps equipped with handrails? |  |  |
| 1. Are carpets in your workspace well secured to the floor and free of frayed or worn seams? |  |  |
| 1. Do workspace rugs lie flat on the floor and are not a tripping hazard? |  |  |
| 1. Is the workspace free of asbestos-containing materials? |  |  |
| 1. If asbestos-containing material is present, is it undamaged and in good condition? |  |  |
| 1. Does the workspace have a working smoke and carbon monoxide detector? |  |  |
| 1. Is a fire extinguisher and/or fire alarm readily available? |  |  |
| 1. Are the walkways, aisles, and doorways unobstructed? |  |  |
| 1. Is the workspace free of trash, clutter, and flammable liquids? |  |  |
| **ELECTRICAL** | **Yes** | **No** |
| 1. Do you have sufficient accessible electrical outlets for the office equipment? |  |  |
| 1. Is the necessary office equipment (e.g., computer, printer, etc.) connected to a surge protector? |  |  |
| 1. Is the electrical system adequate for necessary office equipment? |  |  |
| 1. Is all electrical equipment, including plugs, cords, outlets, and panels, free of visible hazards that would cause physical harm (e.g., frayed wires, loose wires, exposed wires fixed to the ceiling)? |  |  |
| 1. Is the office equipment placed close to electrical outlets? |  |  |
| 1. Are extension cords and/or power strips linked, or daisy chained together? |  |  |
| 1. Is the office equipment turned off when not in use? |  |  |
| **ERGONOMIC** | **Yes** | **No** |
| 1. Are the chair casters (wheels) secure, and the rungs and legs of the chair sturdy? |  |  |
| 1. Is the chair adjustable (e.g., height, tilt, armrest height)? |  |  |
| 1. Is your back adequately supported by a backrest? |  |  |
| 1. Are your feet on the floor or adequately supported by a footrest? |  |  |
| 1. Do you have enough leg room at the workstation? |  |  |
| 1. If you have a standing desk/workstation, do you have a floor/anti-fatigue mat to stand on? |  |  |
| 1. Is there sufficient lighting for your job duties (e.g., reading, writing, typing, drafting, etc.)? |  |  |
| 1. Are computer monitors free from noticeable glare? |  |  |
| 1. Are computer monitors adjustable? |  |  |
| **SECURITY** | **Yes** | **No** |
| 1. Are all files and data secure? |  |  |
| 1. Are business materials and equipment in a secure place that can be protected from damage and misuse? |  |  |
| 1. If applicable, do you use up-to-date anti-virus software, keep virus definitions up to date and run regular scans? |  |  |
| 1. If applicable, do you have a secure method to connect to the Firm’s network, such as a virtual private network (VPN)? |  |  |
| 1. Do you have emergency phone numbers (hospital, fire department and police department) readily accessible at the workspace? |  |  |

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| **Items in Need of Repair or Adjustment** | **Repair(s) or Adjustment(s) Necessary** |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |