

Telework Office Evaluation

This form is to be completed if telework is to be done from home. If a telecenter or other location will be used instead, you do not need to complete this form.

Employee has designated the following location as employee's home work area: (Please specify room or area of residence)

A. Work Station Setup

1. If in basement, will there be a problem with moisture? Yes No N/A
2. Separate from major family activity area? Yes No N/A
3. Secure from pets and family members? Yes No N/A
4. Background or distracting noise is minimal?
(television, other persons, outside traffic) Yes No
5. Equipment not easily viewed from outside/external areas? Yes No
6. Office furniture and equipment ergonomically correct as
specified at www.nih.gov/od/ors/ds/ergonomics ? Yes No
7. Lighting: Directed behind or to the side of line of vision,
not in front or above it? Yes No
8. Storage: 2 or 4 drawer file drawers needed? Yes No
9. Supplies/resources close to desk? Yes No
10. Does home office comply with lease/association agreement? Yes No N/A

B. Safety

1. Safe exit path from work area? (recommended width = 36") Yes No
2. Evacuation plans established? Yes No
3. Smoke detector/alarm present and functional? Yes No
4. Fire extinguisher near work area? Yes No
5. First aid supplies adequate? Yes No
6. Extension/power cords secured and in safe condition? Yes No
7. Electrical outlets not overloaded? Yes No
8. No tripping hazards with electrical cords, loose rugs or carpet? Yes No

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9. Equipment out of direct sunlight and away from heaters? Yes No
10. Air quality/ventilation adequate? Yes No
11. Uncluttered work environment (amount of paper at reasonable levels)? Yes No
12. Overhead shelves or cabinets not in hazardous locations? Yes No
13. Property Insurance? Yes No
- Homeowners
 - Renters
 - Liability
14. To the best of your knowledge, is the space free of material containing asbestos? Yes No
15. A drinkable water supply available? Yes No
16. Lavatory available with hot and cold running water? Yes No
17. All stairs with four or more steps equipped with hand rails? Yes No

C. Security

11. Locks on office door or file cabinet drawers? Yes No N/A
12. Power surge protection in use? Yes No N/A
13. Protective or secure storage for floppy disks? Yes No N/A
14. Privacy for confidential phone conversations? Yes No N/A

Additional Comments/Suggestions:

By signing below, the employee certifies that this information is correct and the manager certifies receipt of this document.

Date Employee

Signature

Date Manager

Signature