

## 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](http://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 \_\_\_\_\_