

# SU WORK-AT-HOME OFFICE SAFETY CHECKLIST

Employee's Name: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Home Office Location (address, room name): \_\_\_\_\_

The employee is responsible for inspecting his/her designated workspace before work from home begins, on a periodic scheduled basis thereafter (yearly minimum recommended), and whenever work area changes introduce new potential workplace hazards. If any items are marked "No," promptly correct safety concerns before starting work from home. Supervisor is to retain all documentation (1 yr min.) regarding inspections, including findings **and** corrective actions. Contact EH&S at 723-0448 for questions or additional information.

<b>General Safety:</b>	(Please circle)	
1. Floors are clear and free of slip/trip hazards (i.e. clean, in good repair, and free of obstructions)?	Yes	No
2. Cabinets, furniture, and equipment greater than 4 feet tall are anchored to the wall?	Yes	No
3. Shelves have lips or other means to restrain books and other supplies?	Yes	No
4. Large and heavy items are kept on lower shelves or on the ground?	Yes	No
5. Are emergency evacuation routes from the work area identified?	Yes	No
<b>Fire Safety:</b>		
6. Walkways/ doorways unobstructed?	Yes	No
7. Charged, accessible fire extinguisher in area?	Yes	No
8. Is the work space kept clean of trash or other combustible materials?	Yes	No
<b>Electrical Safety:</b>		
9. Are grounded outlets (3-holed) available for safely powering office equipment?	Yes	No
10. Extension cords and power strips not daisy chained and no permanent extension cord use?	Yes	No
11. All electrical plugs, cords, outlets, and panels in good condition? No exposed/damaged wiring?	Yes	No
<b>Workstation Ergonomics:</b>		
12. Employee has completed the Computer Workstation Ergonomics training (EHS 3400; <a href="http://axess.stanford.edu">http://axess.stanford.edu</a> ) and workstation self-evaluation prior to the start of working from home?	Yes	No
13. Appropriate ergonomic fixes have been made to the workstation?	Yes	No
<b>Other Safety Items (as needed):</b>		
14.	Yes	No
15.	Yes	No
16.	Yes	No

<b>Corrective Actions (continue on back as needed)</b>		
Inspection Item #	Corrective action taken	Date of correction

Above items have been inspected to ensure the designated work space is safe and free from hazards.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_