## SU WORK-AT-HOME OFFICE SAFETY CHECKLIST

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 heazards. 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.    General Safety:	Employee's Name: Inspection Date:				
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.    General Safety:	Home Off	ice Location (address, room name):			
1. Floors are clear and free of slip/trip hazards (i.e. clean, in good repair, and free of obstructions)?  2. Cabinets, furniture, and equipment greater than 4 feet tall are anchored to the wall?  3. Shelves have lips or other means to restrain books and other supplies?  4. Large and heavy items are kept on lower shelves or on the ground?  5. Are emergency evacuation routes from the work area identified?  6. Walkways/ doorways unobstructed?  7. Charged, accessible fire extinguisher in area?  8. Is the work space kept clean of trash or other combustible materials?  8. Is the work space kept clean of trash or other combustible materials?  9. Are grounded outlets (3-holed) available for safely powering office equipment?  9. Are grounded outlets (3-holed) available for safely powering office equipment?  9. Are grounded outlets, and panels in good condition? No exposed/damaged wiring?  9. Are grounded outlets, and panels in good condition? No exposed/damaged wiring?  10. Extension cords and power strips not daisy chained and no permanent extension cord use?  11. Employee has completed the Computer Workstation Ergonomics training (EHS 3400;  11. Let provide the grounding of the start of working from home?  12. Employee has completed the Computer Workstation Ergonomics training (EHS 3400;  11. Appropriate ergonomic fixes have been made to the workstation?  12. Employee has completed the Computer Workstation Provided the Start of working from home?  13. Ves No  14. Ves No  15. Ves No  16. Ves Corrective Actions (continue on back as needed)  17. Inspection Corrective action taken Date of correction action taken Corrective Actions (continue on back as needed)  18. Inspection Corrective action taken Corrective action taken Corrective Actions taken Corrective Actions (continue on back as needed)	periodic sch potential wo home. Sup	neduled basis thereafter (yearly minimum recommended), and whenever work area chorkplace hazards. If any items are marked "No," promptly correct safety concerns before ervisor is to retain all documentation (1 yr min.) regarding inspections, including finding	anges intre	troduc g worl	k from
1. Floors are clear and free of slip/trip hazards (i.e. clean, in good repair, and free of obstructions)?  2. Cabinets, furniture, and equipment greater than 4 feet tall are anchored to the wall?  3. Shelves have lips or other means to restrain books and other supplies?  4. Large and heavy items are kept on lower shelves or on the ground?  5. Are emergency evacuation routes from the work area identified?  6. Walkways/ doorways unobstructed?  7. Charged, accessible fire extinguisher in area?  8. Is the work space kept clean of trash or other combustible materials?  8. Is the work space kept clean of trash or other combustible materials?  9. Are grounded outlets (3-holed) available for safely powering office equipment?  9. Are grounded outlets (3-holed) available for safely powering office equipment?  9. Are grounded outlets, and panels in good condition? No exposed/damaged wiring?  9. Are grounded outlets, and panels in good condition? No exposed/damaged wiring?  10. Extension cords and power strips not daisy chained and no permanent extension cord use?  11. Employee has completed the Computer Workstation Ergonomics training (EHS 3400;  11. Let provide the grounding of the start of working from home?  12. Employee has completed the Computer Workstation Ergonomics training (EHS 3400;  11. Appropriate ergonomic fixes have been made to the workstation?  12. Employee has completed the Computer Workstation Provided the Start of working from home?  13. Ves No  14. Ves No  15. Ves No  16. Ves Corrective Actions (continue on back as needed)  17. Inspection Corrective action taken Date of correction action taken Corrective Actions (continue on back as needed)  18. Inspection Corrective action taken Corrective action taken Corrective Actions taken Corrective Actions (continue on back as needed)	General Safety:			(Please circle)	
2. Cabinets, furniture, and equipment greater than 4 feet tall are anchored to the wall?  3. Shelves have lips or other means to restrain books and other supplies?  4. Large and heavy, items are kept on lower shelves or on the ground?  5. Are emergency evacuation routes from the work area identified?  7. Charged, accessible fire extinguisher in area?  8. Is the work space kept clean of trash or other combustible materials?  7. Charged, accessible fire extinguisher in area?  9. Are grounded outlets (3-holed) available for safely powering office equipment?  9. Are grounded outlets (3-holed) available for safely powering office equipment?  10. Extension cords and power strips not daisy chained and no permanent extension cord use?  11. All electrical plugs, cords, outlets, and panels in good condition? No exposed/damaged wiring?  12. Employee has completed the Computer Workstation Ergonomics training (EHS 3400; http://axess.stanford.edu) and workstation self-evaluation prior to the start of working from home?  13. Appropriate ergonomic fixes have been made to the workstation?  14. Yes No Other Safety Items (as needed):  15. Yes No  Corrective Actions (continue on back as needed)  Inspection Corrective action taken  Corrective Actions (continue on back as needed)  Inspection Corrective action taken  Corrective Actions (see inspected to ensure the designated work space is safe and free from hazards.			<u> </u>		
3. Shelves have lips or other means to restrain books and other supplies? 4. Large and heavy items are kept on lower shelves or on the ground? 5. Are emergency evacuation routes from the work area identified? 7 Safety:  6. Walkways/ doorways unobstructed? 7 Charged, accessible fire extinguisher in area? 8 No 8. Is the work space kept clean of trash or other combustible materials? 8 No 9. Are grounded outlets (3-holed) available for safely powering office equipment? 9 Are grounded outlets (3-holed) available for safely powering office equipment? 9 No 10. Extension cords and power strips not daisy chained and no permanent extension cord use? 11. All electrical plugs, cords, outlets, and panels in good condition? No exposed/damaged wiring? 12. Employee has completed the Computer Workstation Ergonomics training (EHS 3400; http://axess.stanford.edu) and workstation self-evaluation prior to the start of working from home? 14. Propriate ergonomic fixes have been made to the workstation? 15. Yes No 16. Yes No 16. Ves No  Corrective Actions (continue on back as needed)  Inspection Corrective action taken  Corrective Actions (continue on back as needed)  Inspection Item #  Lorent Actions (continue on back as needed)  Date of corrective Actions (continue on back as needed)  Above items have been inspected to ensure the designated work space is safe and free from hazards.			110) .		
4. Large and heavy items are kept on lower shelves or on the ground? 5. Are emergency evacuation routes from the work area identified? Fire Safety: 6. Walkways/ doorways unobstructed? 7. Charged, accessible fire extinguisher in area? 8. Is the work space kept clean of trash or other combustible materials? Fire Safety: 9. Are grounded outlets (3-holed) available for safely powering office equipment? 9. Are grounded outlets (3-holed) available for safely powering office equipment? 9. Are grounded outlets, and panels in good condition? No exposed/damaged wiring? 9. Lettersion cords and power strips not daisy chained and no permanent extension cord use? 9. No 11. All electrical plugs, cords, outlets, and panels in good condition? No exposed/damaged wiring? 12. Employee has completed the Computer Workstation Ergonomics training (EHS 3400; http://axses.stanford.edu) and workstation self-evaluation prior to the start of working from home? 13. Appropriate ergonomic fixes have been made to the workstation? 14. Yes No 15. Yes No 16. Yes No  Corrective Actions (continue on back as needed)  Inspection   Corrective action taken   Date of corrective action					
5. Are emergency evacuation routes from the work area identified?  Fire Safety:  7. Charged, accessible fire extinguisher in area?  8. Is the work space kept clean of trash or other combustible materials?  Flectrical Safety:  9. Are grounded outlets (3-holed) available for safely powering office equipment?  10. Extension cords and power strips not daisy chained and no permanent extension cord use?  11. All electrical plugs, cords, outlets, and panels in good condition? No exposed/damaged wiring?  12. Employee has completed the Computer Workstation Ergonomics training (EHS 3400; http://axess.stanford.edu) and workstation self-evaluation prior to the start of working from home?  13. Appropriate ergonomic fixes have been made to the workstation?  14. Yes No Other Safety Items (as needed):  15. Yes No  16. Yes No  Corrective Actions (continue on back as needed)  Inspection   Corrective action taken   Date of correction    Date of correction   Date of correction    Above items have been inspected to ensure the designated work space is safe and free from hazards.					
Fire Safety:  6. Walkways/ doorways unobstructed? 7. Charged, accessible fire extinguisher in area? 8. Is the work space kept clean of trash or other combustible materials? 9. Are grounded outlets (3-holed) available for safely powering office equipment? 9. Are grounded outlets (3-holed) available for safely powering office equipment? 9. Are grounded outlets (3-holed) available for safely powering office equipment? 9. Are grounded outlets (3-holed) available for safely powering office equipment? 9. Are grounded outlets (3-holed) available for safely powering office equipment? 9. No  10. Extension cords and power strips not daisy chained and no permanent extension cord use? 9. No  11. All electrical plugs, cords, outlets, and panels in good condition? No exposed/damaged wiring? 9. No  Workstation Ergonomics: 12. Employee has completed the Computer Workstation Ergonomics training (EHS 3400; http://axess.stanford.edu) and workstation self-evaluation prior to the start of working from home? 13. Appropriate ergonomic fixes have been made to the workstation? 14. Yes No  15. Yes No  16. Yes No  Corrective Actions (continue on back as needed)  Inspection Corrective action taken  Corrective action taken  Date of correction  Above items have been inspected to ensure the designated work space is safe and free from hazards.					
6. Walkways/ doorways unobstructed? 7. Charged, accessible fire extinguisher in area? 8. Is the work space kept clean of trash or other combustible materials?  Peterical Safety: 9. Are grounded outlets (3-holed) available for safely powering office equipment? 9. Are grounded outlets, and panels in good condition? No exposed/damaged wiring? 9. Are grounded soutlets, and panels in good condition? No exposed/damaged wiring? 9. No 10. Extension cords and power strips not daisy chained and no permanent extension cord use? 11. All electrical plugs, cords, outlets, and panels in good condition? No exposed/damaged wiring? 12. Employee has completed the Computer Workstation Ergonomics training (EHS 3400; http://axses.stanford.edu) and workstation self-evaluation prior to the start of working from home? 13. Appropriate ergonomic fixes have been made to the workstation? 14. Yes No 15. Yes No 16. Yes No 16. Yes No 16. Corrective Actions (continue on back as needed) 18. Inspection   Corrective action taken   Date of correct					
7. Charged, accessible fire extinguisher in area?  8. Is the work space kept clean of trash or other combustible materials?  9. Are grounded outlets (3-holed) available for safely powering office equipment?  9. Are grounded outlets (3-holed) available for safely powering office equipment?  10. Extension cords and power strips not daisy chained and no permanent extension cord use?  11. All electrical plugs, cords, outlets, and panels in good condition? No exposed/damaged wiring?  12. Employee has completed the Computer Workstation Ergonomics training (EHS 3400; http://axess.stanford.edu) and workstation self-evaluation prior to the start of working from home?  13. Appropriate ergonomic fixes have been made to the workstation?  14. Yes No Tensor Safety Items (as needed):  15. Yes No  16. Yes No  16. Corrective Actions (continue on back as needed)  Inspection   Corrective action taken   Date of correction    18. Date of corrective   Corrective action taken   Date of corrective    19. All electrical plugs, cords, outlets, and panels in good condition? No exposed/damaged wiring?  19. No  10. Yes No  10. Yes No  11. All electrical plugs, cords, outlets, and panels in good condition? No exposed/damaged wiring?  11. Appropriate ergonomics:  12. Employee has completed the Computer Workstation Ergonomics training (EHS 3400; http://axess.stanford.edu)  13. Appropriate ergonomic fixes have been made to the workstation?  14. Yes No  15. Yes No  16. Orrective Actions (continue on back as needed)  16. Jungstandam Action (Continue on back as needed)  17. Action (Continue on back as needed)  18. Action (Continue on back as needed)  19. Action (Continue on back as needed)  19. Action (Continue on back as needed)  20. Action (Continue on back as needed)  21. Action (Continue on back as needed)  22. Action (Continue on back as needed)  23. Appropriate ergonomic fixes have been made to the workstation?  24. Appropriate ergonomic fixes have been made to the workstation?  25. Action (Continue on back as needed)  26. Action (Continue				Yes	No
8. Is the work space kept clean of trash or other combustible materials?    Yes   No					_
### Region   Proceedings   Procedure   Pro	······································				
9. Are grounded outlets (3-holed) available for safely powering office equipment? 10. Extension cords and power strips not daisy chained and no permanent extension cord use? 11. All electrical plugs, cords, outlets, and panels in good condition? No exposed/damaged wiring? 12. Employee has completed the Computer Workstation Ergonomics training (EHS 3400; http://axess.stanford.edu) and workstation self-evaluation prior to the start of working from home? 13. Appropriate ergonomic fixes have been made to the workstation? 14. Yes No 15. Yes No 16. Yes No 16. Corrective Actions (continue on back as needed) 17. Inspection   Corrective action taken   Correction   18. Date of corrective   Corrective action taken   Correction   19. Date of corrective				103	110
10. Extension cords and power strips not daisy chained and no permanent extension cord use?  11. All electrical plugs, cords, outlets, and panels in good condition? No exposed/damaged wiring?  12. Employee has completed the Computer Workstation Ergonomics training (EHS 3400; http://axess.stanford.edu) and workstation self-evaluation prior to the start of working from home?  13. Appropriate ergonomic fixes have been made to the workstation?  14. Yes No Other Safety Items (as needed):  15. Yes No  16. Yes No  Corrective Actions (continue on back as needed)  Inspection Item #  Corrective action taken  Date of correction action taken  Date of correction actions taken  Date of correction actions taken are safe and free from hazards.	,			Yes	No
11. All electrical plugs, cords, outlets, and panels in good condition? No exposed/damaged wiring?  Workstation Ergonomics:  12. Employee has completed the Computer Workstation Ergonomics training (EHS 3400; http://axess.stanford.edu) and workstation self-evaluation prior to the start of working from home?  13. Appropriate ergonomic fixes have been made to the workstation?  14. Yes No  15. Yes No  16. Yes No  Corrective Actions (continue on back as needed)  Inspection Item #  Corrective action taken  Date of correction  Date of correction  Above items have been inspected to ensure the designated work space is safe and free from hazards.					
2. Employee has completed the Computer Workstation Ergonomics training (EHS 3400;   http://axess.stanford.edu) 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     14.					
12. Employee has completed the Computer Workstation Ergonomics training (EHS 3400; http://axess.stanford.edu) and workstation self-evaluation prior to the start of working from home?  13. Appropriate ergonomic fixes have been made to the workstation?  Other Safety Items (as needed):  14. Yes No  15. Yes No  16. Yes No  Corrective Actions (continue on back as needed)  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.			ıg:	100	110
http://axess.stanford.edu) and workstation self-evaluation prior to the start of working from home?  13. Appropriate ergonomic fixes have been made to the workstation?  14. Yes No  15. Yes No  16. Yes No  Corrective Actions (continue on back as needed) Inspection   Corrective action taken   Correction   Corrective action taken   Corrective action taken   Correction   Correction   Corrective action taken					
13. Appropriate ergonomic fixes have been made to the workstation?  Other Safety Items (as needed):  14. Yes No  15. Yes No  16. Yes No  Corrective Actions (continue on back as needed)  Inspection Item # Date of correction  Above items have been inspected to ensure the designated work space is safe and free from hazards.				Yes	No
Other Safety Items (as needed):  14. Yes No  15. Yes No  16. Yes No  Corrective Actions (continue on back as needed)  Inspection Item # Date of correction  Above items have been inspected to ensure the designated work space is safe and free from hazards.				Yes	No
14.  15.  16.  Yes No  Corrective Actions (continue on back as needed) Inspection Item #  Corrective action taken  Date of correction  Corrective action taken  Date of correction  Above items have been inspected to ensure the designated work space is safe and free from hazards.					
15.  16.  Corrective Actions (continue on back as needed)  Inspection Item #  Corrective action taken  Corrective action taken  Date of correction  Above items have been inspected to ensure the designated work space is safe and free from hazards.				V	NI-
Corrective Actions (continue on back as needed)  Inspection Item #  Date of correction  Date of correction  Date of correction				Yes	No
Corrective Actions (continue on back as needed)  Inspection Item #  Date of correction  Corrective action taken  Date of correction  Above items have been inspected to ensure the designated work space is safe and free from hazards.	15.			Yes	No
Inspection Item # Date of correction  Date of correction  Above items have been inspected to ensure the designated work space is safe and free from hazards.	16.			Yes	No
Inspection Item # Date of correction  Date of correction  Above items have been inspected to ensure the designated work space is safe and free from hazards.			1		
Item # correction  Above items have been inspected to ensure the designated work space is safe and free from hazards.					
Above items have been inspected to ensure the designated work space is safe and free from hazards.	· • • • • • • • • • • • • • • • • • • •				
	Item #		correc	ction	
			•		<u>'</u>
mployee Signature  Date Supervisor Signature Date	Above items	have been inspected to ensure the designated work space is safe and free from haza	rds.		
Imployee Signature Date Supervisor Signature Date					
	Employee Signs	ture Date Supervisor Signature			Date