

FEDERAL EMERGENCY MANAGEMENT AGENCY
EMPLOYEE SELF-CERTIFICATION SAFETY AND HEALTH CHECKLIST

1. Name	2. Division/Office	
3. Home Address (Alternate Work Site)	4. Office Telephone No.	5. Home Telephone No.
6. City, State, Zip	7. Supervisor	

Dear Participant:

The following checklist is designed to assess the overall safety of the alternate work site. Each participant must read and complete the self-certification safety checklist annually. Upon completion, the checklist should be signed and dated by the participant employee and immediate supervisor. Copies must be kept with the application for telework, as well as at the telework site.

Date employee received Safety Orientation Training	Date employee reviewed Office Safety Video	Date employee reviewed Home-Office Self Inspection Guidelines	The alternate duty station is located at:
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Please describe the designated work area in the alternate work site:

A. WORKPLACE ENVIRONMENT	Check which applies		
	Yes	No	N/A
1. Are all stairs with 4 or more steps equipped with handrails?			
2. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service and do you know how they work?			
3. Do circuit breakers clearly indicate if they are in the open or closed position?			
4. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)?			
5. Will the building's electrical system permit the grounding of electrical equipment and are the outlets being used for FEMA equipment grounded?			
6. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?			
7. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?			
8. Do chairs have any loose casters (wheels) and are the rugs and legs of the chairs sturdy?			
9. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?			
10. Is the office space neat, clean, and free of excessive amounts of combustibles?			
11. Are floor surfaces clean, dry, level, and free of tripping areas?			
12. Are carpets well secured to the floor and free of frayed or worn seams?			
13. Is there sufficient light for reading?			

B. COMPUTER WORKSTATION (If applicable)/

14. Is your chair adjustable?			
15. Do you know how to adjust your chair?			
16. Is your back adequately supported by a backrest?			
17. Are your feet on the floor or fully supported by a foot rest?			
18. Are you satisfied with the placement of your VDT and keyboard?			
19. Is it easy to read the text on your screen?			
20. Do you need a document holder?			
21. Do you have enough leg room at your desk?			
22. Is the VDT screen free from noticeable glare?			
23. Is the top of VDT screen eye level?			

	Check which applies		
	Yes	No	N/A
24. Is there space to rest the arms while not keying?			
25. When keying, are your forearms close to parallel with the floor?			
26. Are your wrists fairly straight when keying?			

Employee Signature	Date
Supervisor Signature	Date

Approved

Disapproved

NOTE: Supervisor must retain a copy of this Employee Self Certification Safety Checklist along with the written telework agreement.