

# Sample Home Office Safety Checklist

(Employer's Name)  
**Telecommute Home Office Safety Checklist**

*This form should be completed by potential telecommuters to assess the safety of their home.*

**Employee** \_\_\_\_\_ **Date** \_\_\_\_\_

**Manager** \_\_\_\_\_

**Telework site address** \_\_\_\_\_

**Description of work area** \_\_\_\_\_

This checklist is designed to assess the safety of the telecommute site. Telecommute applicants should inspect their desired work site and complete this form.

	<b>Yes</b>	<b>No</b>
1. Is the work space free from excessive noise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is adequate lighting (side or rear) provided at the work station?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is all electrical equipment free of recognized hazards that could cause physical harm (i.e. frayed wires running through walls, exposed wires fixed to the ceiling)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is electrical system adequate for office equipment?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is electrical equipment grounded?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are surge protectors properly installed?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are aisles, doorways and floors free of obstructions to permit visibility and movement?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there an exit that allows prompt exiting?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are phone lines, electrical cords and extension wires secured under a desk or along a baseboard?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the office space neat and clean?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is a working fire extinguisher located nearby?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are working smoke detectors installed at the work site?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is the work area private and free of intrusion?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are files and data secured?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are first aid supplies readily accessible and adequate?	<input type="checkbox"/>	<input type="checkbox"/>
16. Are office furniture and equipment ergonomically correct?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are work materials and equipment in a secure place that can be protected from damage or misuse?	<input type="checkbox"/>	<input type="checkbox"/>
18. Are there security requirements in place to protect confidentiality and security of company information and computer systems?	<input type="checkbox"/>	<input type="checkbox"/>

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

\_\_\_\_\_  
Date