# SU Telework Self-Certification Checklist

**Teleworker Name**:

**Supervisor Name, title and phone number**:

**Department name**:

**Main Office Workplace and phone number**:

**Remote Workplace location and phone number:**

This checklist is designed to assess the overall safety of your telework workplace and to ensure that you have space that has been properly prepared for teleworking. Upon completion, you shall sign and return this form to your supervisor and it must be attached to the Telework Agreement.

Describe the telework workspace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Space Environment**

1. Is the workspace free of potential hazards that could cause physical harm (frayed or loose wires, bare conductors, exposed wires to the ceiling, frayed or torn carpeting seams, uneven floor surfaces)? (Yes/No)
2. Are the phone lines, electrical cords, and extension wires secured? (Yes/No)
3. Is the office space neat, clean, and free of obstructions and excessive amounts of combustibles? (Yes/No)
4. Are electrical outlets grounded (3-pronged)? (Yes/No)
5. Do chairs have any loose casters (wheels)? Are the chair rungs and legs sturdy? (Yes/No)
6. Is there enough light for reading? (Yes/No)
7. Is a fire extinguisher easily accessible from the office space? (Yes/No)
8. Is there a working (test) smoke detector within hearing distance of the workspace? (Yes/No)
9. Is the workspace free from caregiving distractions? (Yes/No)

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| **Teleworker Signature:** | **Date:** |
| **Supervisor Signature:** | **Date:** |