



Checklist: Remote Work Safety

General and Earthquake Safety

Item	Inspect	Please Choose One	
1	Are floors free of slip and trip hazards	Yes	No
2	Are cabinets, furniture, and equipment greater than four feet tall anchored to the wall?	Yes	No
3	Are large or heavy frequently accessed work-related items kept on lower or middle shelves?	Yes	No
4	Do you have a home emergency evacuation plan, emergency kit and emergency phone tree to contact emergency services, family members and your employer in the event of an emergency?	Yes	No

Fire safety

Item	Inspect	Please Choose One	
5	Are walkways and doorways are unobstructed?	Yes	No
6	Do you have a charged fire extinguisher in the house (Needle in the green and purchased or inspected within 12 months)?	Yes	No
7	Is your work area free of combustible materials and clean of trash?	Yes	No

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Electrical safety

Item	Inspect	Please Choose One	
8	Are all outlets used for work office equipment grounded with 3 holes?	Yes	No
9	Is a power surge protector used for all office equipment?	Yes	No
10	Are all electrical cords, plugs, outlets and panels in good condition without any exposed wiring?	Yes	No
11	Confirm there are no space heaters used in your home office area?	Yes	No

Ergonomics

Item	Inspect	Please Choose One	
12	Have you completed the home office ergonomics training?	Yes	No
13	Have you completed a home office ergonomic self-evaluation?	Yes	No
14	Are all recommended ergonomic and safety related corrections completed?	Yes	No
15	Do you need a one-on-one virtual ergonomic evaluation?	Yes	No

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Other safety items *(if filled in, please answer)*

Item	Inspect	Please Choose One	
16		Yes	No
17		Yes	No
18		Yes	No

Corrective Actions to Take

Item #	Corrective Action Taken	Date of Correction
		Date
		Date
		Date



Employee signature

Today's Date



Supervisor signature

Today's Date

