SAFETY CHECKLIST **EMPLOYEE CERTIFICATION TELEWORK PROGRAM**

Refer to IMCOM Regulation 690-610 for guidance to complete this form, proponent is G1						
This checklist is used to assess the overall safety of the home work-site. The employee will complete the checklist, sign and return it to the supervisor within 5-calendar days after signing IMCOM Form 1-B (Telework Schedule Employee-Management Contract Agreement).						
SECTION I - WORKPLACE ENVIORNMENT						
☐ Yes	Yes No 1. Temperature, noise, ventilation and lighting levels are adequate for maintaining your normal level of job performation					
☐ Yes	🗌 No	2. Aisles, doorways and corners are free of obstructions and permit visibility and movement.				
🗌 Yes	🗌 No	3. File cabinets and storage closets are arranged so drawers and doors do not enter into walkways.				
Yes	🗌 No	 All electrical equipment is free of recognized hazards that would cause physical harm. (frayed wires, bare conductors, loose wires or fixtures, exposed wiring on ceiling or floor) 				
🗌 Yes	🗌 No	5. Phone lines, electrical cords and surge protectors are secured under a desk or along a baseboard.				
SECTION II - COMPUTER WORKSTATION						
Yes No 1. Chair is adjustable.						
Yes	🗌 No	2. Back is adequately supported by a backrest.				
Yes	🗌 No	3. It is easy to read the text on the computer screen.				
Yes	🗌 No	4. The computer screen is free from noticeable glare.				
🗌 Yes	🗌 No	5. The placement of the monitor and keyboard is adequate.				
Yes	🗌 No	6. When keying, forearms are parallel with the floor.				
Yes	es No 7. Wrists are straight when keying.					
SECTION III - EMPLOYEE INFORMATION						
Employee Name				Home Telephone Number (Area code first)		
Location of Designated Home Office or Work Area (Street, City, State, Zip Code)						
Position Organization			Organization		Supervisor Name	
SECTION IV - SIGNATURES						
Employee's Signature					Date	
Superviso	r's Signa	ature			Date	