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	☐ No	1. Temperature, noise, ventilation and lighting levels are adequate for maintaining your normal level of job performance.
☒ 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	4. 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	☐ No	7. Wrists are straight when keying.

SECTION III - EMPLOYEE INFORMATION

Employee Name	Home Telephone Number (*Area code first*)
John Doe	305-XXX-XXXX

Location of Designated Home Office or Work Area (*Street, City, State, Zip Code*)

Home Address

Position	Organization	Supervisor Name
Organizational Resources Specialist	USAG-Miami/DHR	Supervisor

SECTION IV - SIGNATURES

Employee's Signature	Date

Supervisor's Signature	Date