



County of Humboldt Telework Worksite Safety Checklist and Certification

Employee Name	
Employee Number	
Job Title	
County Email	
Department	
Name of Department Head or Designee	
County Primary Work Location	
Telework Alternate Work Location	

General

- ☐ Workspace is away from noise, distractions, and is devoted to your work needs?
- ☐ Workspace accommodates workstation, equipment, and related material?
- ☐ Floors are clear and free from hazards?
- ☐ File drawers are not top-heavy and do not open into walkways?
- ☐ Phone lines and electrical cords are secured under a desk or along wall, and away from heat sources?
- ☐ Temperature, ventilation, and lighting are adequate?
- ☐ All stairs with four or more steps are equipped with handrails?
- ☐ Carpets are well secured to the floor and free of frayed or worn seams?

Fire Safety

- ☐ There is a working smoke detector in the workspace area?
- ☐ Walkways aisles, and doorways are unobstructed?
- ☐ Workspace is kept free of trash, clutter, and flammable liquids?
- ☐ All radiators and portable heaters are located away from flammable items?
- ☐ Do you have an evacuation plan so you know what to do in the event of a fire?

Electrical Safety

- ☐ Sufficient electrical outlets are accessible?
- ☐ Computer equipment is connected to a surge protector?
- ☐ Electrical system is adequate for office equipment?
- ☐ All electrical plugs, cords, outlets, and panels are in good condition? No exposed/damaged wiring?
- ☐ Equipment is placed close to electrical outlets?
- ☐ Extension cords and power strips are not strung together and no permanent extension cord is in use?
- ☐ Equipment is turned off when not in use?



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Computer Workstation

- ☐ Chair casters (wheels) are secure and the rungs and legs of the chair are sturdy
- ☐ Chair is adjustable?
- ☐ Your back is adequately supported by a backrest?
- ☐ Your feet are on the floor or adequately supported by a footrest?
- ☐ You have enough leg room at your desk?
- ☐ There is sufficient light for reading?
- ☐ The computer screen is free from noticeable glare?
- ☐ The top of the screen is at eye level?

Other Safety/Security Measures

- ☐ Files and data are secure?
- ☐ Materials and equipment are in a secure place, protected from damage and misuse?
- ☐ You have an inventory of all equipment in the office including serial numbers (maintained on Telework Agreement)?

By my signature below, I certify that that my telework worksite and workspace are adequate to perform all assignments. If, at any time, my telework worksite or workspace become no longer adequate, I will request termination of my telework agreement and begin working at my county office location.

Employee Name	
Employee Signature	
Date	

Department Head or designee Name	
Department Head or designee Signature	
Date	

- ☐ Telework Worksite Safety Checklist Approved
- ☐ Telework Worksite Safety Checklist Denied (Denial Explanation Required)

Denial Explanation:
