



SELF-CERTIFICATION SAFETY CHECKLIST FOR WORK FROM HOME ARRANGEMENTS

Today's Date:	
Employee Name:	
Work from Home Location:	
Work from Home Start Date:	

ITEM	ISSUE	YES	NO
1	Are temperature, noise, ventilation and lighting levels adequate for maintaining your normal level of job performance?		
2	Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, exposed or loose wires of fixture on the ceiling or walls)?		
3	Will the home's electrical system permit the grounding of electrical equipment (a three-prong receptacle)?		
4	Are aisles, doorways, and corners free of obstructions to permit visibility and movement?		
5	Are file cabinets and storage closets arranged so drawers and doors do not enter into walkways?		
6	Are phone lines, electrical cords, and surge protectors secured under a desk, or alongside a baseboard?		
7	Is the area in which the Town of Essex equipment will be kept secured from unauthorized persons?		
8	Is there a designated work area that meets health and safety and office ergonomics standards?		

Comments:

Employee's Name (Please Print): _____

Employee's Signature and Date: _____