

## REMOTE WORK SAFETY CHECKLIST

This checklist is used to assess the overall safety of the remote work designated location. The checklist must be completed prior to the start of Remote Work Agreement and submitted to the remote workers' supervisor for review. The remote worker should retain a copy for his/her records.

### The designated work space:

1. Are temperature, noise, ventilation, and lighting level adequate for maintaining your normal level of job performance?  Yes  No
2. Are all supplies and equipment (both City and employee-owned) in good working condition and can be safely used as intended?  Yes  No
3. Is storage organized to minimize risks of fire?  Yes  No
4. Do all electrical enclosures (switches, outlets, receptacles, junction boxes) affecting the designated work space have tight fitting covers or plates?  Yes  No
5. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires or fixtures, exposed wiring on the ceiling or walls)?  Yes  No
6. Will the building's electrical system permit the grounding of electrical equipment (a three-prong receptacle)?  Yes  No
7. Are aisles, doorways, and corners free from obstruction to permit visibility and movements?  Yes  No
8. Are the file cabinets and storage closets arranged so drawers and doors do not enter walkways?  Yes  No
9. Are heavy items securely placed on sturdy stands close to walls?  Yes  No
10. Are phone lines, cable lines, electrical cords, and surge protectors secured under a desk or along a baseboard?  Yes  No
11. Are computer components kept out of direct sunlight and away from heaters?  
 Yes  No
12. Do you have a room (not a bathroom) that could be used to pump breastmilk that is shielded from view and free from intrusion by co-workers, the public, and observation from computer camera, security camera, or web conferencing platform while expressing breast milk?  
 Yes  No  N/A

**Emergency Preparedness:**

1. Are emergency phone numbers (nearest hospital, fire department, police department) posted in the remote work space?  Yes  No
2. Is a first aid kit easily accessible and periodically inspected and replenished as needed?  Yes  No
3. In case of fire, is there a primary exit path free of obstruction and easy to use?  Yes  No

**Ergonomics:**

1. Is your desk, chair, PC, and other equipment of appropriate design and arranged so that:
  - a. Neck and shoulders are not stooped to view the task  Yes  No
  - b. There are no pressure points on any part of the body (wrists, forearms, back of legs)  Yes  No
  - c. There is no glare on the screen  Yes  No
  - d. Work can be performed without eye strain  Yes  No
  - e. There is no strain on any part of the body for static tasks over 20 minutes  Yes  No

Remote Worker comments after inspection:

I have completed the checklist as accurately and honestly to the best of my knowledge. I understand that I have the right to request Risk Management conduct a risk assessment of my remote work site, to ask questions, or to have additional training provided.

Remote Worker's signature:

Date of inspection:

I have reviewed the checklist and discussed any areas of concern with the remote worker:

Supervisor's signature:

Date:

CC: Personnel File