**EHS Evaluation Checklist**

The questions below are to help you establish a safe working environment and identify and address environmental, health and safety issues that may arise from performing your job at a home office. For every question you answer “No” to, please provide an explanation at the bottom of this form stating how you will take corrective action to ensure proper ergonomic setup. Questions marked with ‘\*’ do NOT require further explanation. Once you have completed this form, please email it to XXXX. If you have any questions about this form, please email XXX.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telework office and site description:**

1. **Life Safety and Protection:** Y N

a. Are fire extinguishers available?

b. Are you familiar with the use of the fire extinguisher?

c. Are exit routes clear and unobstructed?

d. Are routes to restrooms, kitchen and dining area unobstructed?

e. Does work station/area have proper electrical service (no temporary power cords)?

f. Is your computer plugged into a device with surge protection?

g. Are all electrical cords are in good repair (no frays or splices)?

1. **General Safety:**
2. Is the space free of asbestos-containing materials?
3. If asbestos-containing material is present, is it undamaged and in good

condition?

1. Is the space free of indoor air quality problems?
2. Is there adequate ventilation?
3. Is the space free of noise hazards (noises in excess of 85 decibels)?
4. Are lavatories available with hot and cold running water?
5. Are all stairs with four or more steps equipped with handrails?
6. Are all circuit breakers and/or fuses in the electrical panel labeled as to

intended service?

1. Do circuit breakers clearly indicate if they are in the open or closed position?
2. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires fixed to the ceiling)?
3. Will the building's electrical system permit the grounding of electrical equipment?
4. Are aisles, doorways, and comers free of obstructions to permit visibility and movement?
5. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?
6. Do chairs have firmly attached casters (wheels)? Are the rungs and legs of chairs sturdy?
7. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?
8. Is the office space neat, clean and free of excessive amounts of combustibles?
9. Are floor surfaces clean, dry, level, and free of worn or frayed seams?
10. **Work Station**

a. Will you be using a desktop computer or laptop? *Please write ‘D’ for desktop or ‘L’ for laptop in ‘Yes’.*

b. Will you have a detached keyboard, monitor, and mouse?

c. Will you have a desk?

d. Will you have a keyboard tray?\*

1. **Chair Adjustment**
2. Is your chair adjustable (ie: height, seat pan, arm support, back support.)?
3. Does your chair support the curve in your lower back?
4. Is there room between the front edge of the seat pan and the back of your knees (greater than 1 inch)?
5. Are your arms and shoulders relaxed with the arms resting parallel to the torso?
6. Can you easily reach and do your work without interference from the arms of your chair?
7. When typing or using a mouse, are you able to keep your arms in a comfortable position either by lightly resting your arms on the armrest or not using the armrest at all?
8. Do your feet rest flat on the floor or on a footrest?
9. Are your knees bent at approximately a 90 degree angle?

**6. Monitor Adjustment**

a. Is the viewing distance to your computer monitor somewhere between 16 and 24 inches?

b. Is the top of your computer monitor screen at or just below eye level?

c. Do you reduce glare by either using an antiglare screen or positioning your monitor away from direct sun light and/or overhead lights?

**7. Work Surface/Keyboard Adjustment**

1. With your chair adjusted properly, is your keyboard at approximately elbow level?
2. Are your arms resting at your sides rather than stretched out in front of you?
3. Are your shoulders relaxed and not elevated when you work at your work surface?
4. When typing or writing at your work surface, is there approximately a 90 degree angle between your forearms and upper arms?
5. When typing, are your wrists in line with your forearms and not bent upwards, downwards, or to one side or the other?
6. Is there at least 2 inches clearance between the bottom of your work surface and the top of your thighs?
7. If you are using a keyboard tray, does it also have space for your mouse? \* *If not applicable, please answer N/A.*
8. Is your mouse/trackball/digitizing tablet at the same level as and next to your keyboard?
9. Are your wrists/hands in a neutral position (not flexed up, down, right, or left) when using the keyboard or mouse?

**8. Workplace Accessory Arrangements**

1. If you will be making frequent telephone calls – more than 30 % of the day – will you use a headset or speaker function? \* *If not applicable, please answer N/A.*
2. Are your phone and other frequently used items located within reach (16 inches)?
3. If you need to input information from hardcopy documents, do you have an adjustable document holder to hold the reference material? *If not applicable, please answer N/A.*
4. Is the document holder at the same level as your monitor and at eye level? *If not applicable, please answer*

*N/A.*

1. Are you able to keep your arms/wrists/hands from resting on any hard or sharp edges on your work surface?
2. Do you have enough lighting to read hardcopy documents and view your monitor screen?

**9. Workplace Habits**

1. Do you take short and frequent breaks throughout the day to reduce fatigue?
2. Do you frequently change body positions while working?
3. Do you provide your eyes with vision breaks every hour?
4. Are you comfortable and free of pain while working?
5. Do you routinely stretch your muscles?

**For any of your “no” answers, please use the space below to explain how you will take corrective action to ensure proper ergonomic setup and practices.** Questions marked with an ‘\*’ do not require further explanation. If applicable, list any other environmental, health and safety issues that you have identified associated with mobile work and the actions being taken to correct them. Use additional sheets of paper as necessary and attach to this document.

I have completed this checklist and the answers accurately represent the status of my mobile work site.

Employee Signature Date

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Form reviewed by Manager Date