CITY OF WORCESTER TELE-WORKPLACE SAFETY SELF-CERTIFICATION CHECKLIST

Emplo	yee Name	Employee Signature	Date		
My res	ponses are true and accurate to	the best of my knowledge.			
13.	Carpets are well-secured to the	floor and free of frayed edges or seams		Yes	□ No
12.	The space is reasonably quiet a	nd free of distractions.		Yes	□ No
11.	There is adequate light for view	ving the monitor and reading printed ma	terials.	Yes	□ No
10.	Stairs with four or more steps a	re equipped with handrails.		Yes	□ No
9.	Phone lines, electrical cords, an alongside a baseboard.	nd surge protectors are secured under d	eskor	Yes	☐ No
8.	File cabinets and storage close into walkways.	ts are arranged so drawers and doors do	not enter	Yes	□ No
7.	Desk, chair, computer and othe strain.	er equipment are ergonomically designe	d to avoid	Yes	□ No
6.	movement (including doorway			Yes	□ No
5.		led electrical outlets to support the need re used for computers, printers, etc.; and		Yes	□ No
3.	, ,	recognized hazards that would cause phes; loose fixtures; bare conductors; etc.)	ysical harm	Yes	□ No
2.	The temperature, ventilation, I a work location.	ighting and noise levels are adequate fo	rmaintaining	Yes	□ No
1.	Employee has a designated wo orderly.	rkspace at the alternate workplace whic	h is neat and	Yes	□ No