

**FEDERAL RETIREMENT THRIFT INVESTMENT BOARD**  
**Self-Certifying Safety Checklist**

This checklist is designed to assess the overall safety of the designated work area of the alternative workplace. Each employee should read and complete the self-certification safety checklist. Upon completion, you and your supervisor should review your responses, address any issues which require attention before you begin your telework arrangement, and submit the completed checklist to the Agency Telework Coordinator.

Employee: \_\_\_\_\_ Position: \_\_\_\_\_

Office: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Location of Alternate Workplace: \_\_\_\_\_

<b>Workplace Environment</b>		<b>Yes</b>	<b>No</b>
Q1.	Are temperatures, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance?		
Q2.	Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?		
Q3.	Do circuit breakers clearly indicate if they are in the open or closed position?		
Q4.	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 to the ceiling)?		
Q5.	Does your home's electrical system permit the grounding of electrical equipment with 3-prong plugs?		
Q6.	Do you use a grounded electrical power strip to protect your computer, printer and other equipment from electrical surges?		
Q7.	Are aisles, doorways, and corners free of obstructions to permit visibility and movement?		
Q8.	Are the telephone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard to prevent trip hazards?		

Q9.	Is the office space neat, clean and free of combustibles and flammables?		
Q10.	Are floor surfaces clean, dry, level and free of worn or frayed seams to prevent slips?		
Q11.	Is there enough light for reading?		
Q12.	Does your chair provide adequate support to enable you to comfortably perform work for extended periods of time?		
<b>Computer Workstation</b>		<b>Yes</b>	<b>No</b>
Q13.	Are you satisfied with the placement of your monitor and keyboard?		
Q14.	Is it easy to read the text on your screen?		
Q15.	Is the screen free from noticeable glare?		
Q16.	Is the top of the screen eye-level?		
Q17.	Do you need a document holder?		
Q18.	Do you have enough legroom at your desk/workstation?		
Q19.	Is there adequate space to rest your arms while not keying?		
Q20.	When keying, are your forearms parallel with the floor?		

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_