

Date: \_\_\_\_\_ Teleworker's Name: \_\_\_\_\_

Telework place address: \_\_\_\_\_

Inspected by: \_\_\_\_\_

Category, Workspace Conditions	Yes	No	Action Required	Completed On
<b>Floors</b>				
Free of 'trip, slip or fall' hazards				
Free of loose tiles, carpets				
<b>Aisles, walkways</b>				
Clear & unobstructed				
Tread & edgings slip resistant				
Railings in good condition				
<b>Exits</b>				
Clear & unobstructed				
Outside landings, walkways clear, free of snow and ice				
<b>Lighting</b>				
Working areas adequately illuminated				
Light fixtures in good condition				
<b>Ergonomics</b>				
Are the proper ergonomic furniture/principals used?				
<b>Storage</b>				
Adequate shelf space available				
Shelving secured				
Material properly stacked (heavy material on bottom)				

<b>Electrical</b>				
Power cords in good condition – no exposed or frayed wires no cracked plugs				
Three prong plugs used where required				
Cords placed to avoid tripping				
Adequate number of outlets provided – no overloading outlets with too many plugs				
<b>Emergency Systems</b>				
First aid kit				
Fire extinguisher				
Smoke alarm				