

Date: 10/30/2003

Replaces: 01/28/98

Issuing Office: OD/OHR/DWD/BPLB, 496-2404

Appendix 3 Telework Office Evaluation

This form is to be completed if telework is to be done from home. If a telecenter or other location will be used instead, you do not need to complete this form.

Employee has designated the following location as employee's home work area:

(Please specify room or area of residence)

A. Work Station Setup

1. If in basement, will there be a problem with moisture? ☐ Yes ☐ No ☐ N/A
2. Separate from major family activity area? ☐ Yes ☐ No ☐ N/A
3. Secure from pets and family members? ☐ Yes ☐ No ☐ N/A
4. Background or distracting noise is minimal?
(television, other persons, outside traffic) ☐ Yes ☐ No
5. Equipment not easily viewed from outside/external areas? ☐ Yes ☐ No
6. Office furniture and equipment ergonomically correct as
specified at http://dohs.ors.od.nih.gov/ergonomics_home.htm? ☐ Yes ☐ No
7. Lighting: Directed behind or to the side of line of vision,
not in front or above it? ☐ Yes ☐ No
8. Storage: 2 or 4 drawer file drawers needed? ☐ Yes ☐ No
9. Supplies/resources close to desk? ☐ Yes ☐ No
10. Does home office comply with lease/association agreement? ☐ Yes ☐ No ☐ N/A

B. Safety

1. Safe exit path from work area? (recommended width = 36") ☐ Yes ☐ No
2. Evacuation plans established? ☐ Yes ☐ No
3. Smoke detector/alarm present and functional? ☐ Yes ☐ No
4. Fire extinguisher near work area? ☐ Yes ☐ No
5. First aid supplies adequate? ☐ Yes ☐ No

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|---|--------------------|
| 6. Extension/power cords secured and in safe condition? | __Yes __ No |
| 7. Electrical outlets not overloaded? | __Yes __ No |
| 8. No tripping hazards with electrical cords, loose rugs or carpet? | __Yes __ No |
| 9. Equipment out of direct sunlight and away from heaters? | __Yes __ No |
| 10. Air quality/ventilation adequate? | __Yes __ No |
| 11. Uncluttered work environment (amount of paper at reasonable levels)? | __Yes __ No |
| 12. Overhead shelves or cabinets not in hazardous locations? | __Yes __ No |
| 13. Property Insurance? | __Yes __ No |
| Homeowners __ | |
| Renters __ | |
| Liability __ | |
| 14. To the best of your knowledge, is the space free of material containing asbestos? | __Yes __ No |
| 15. A drinkable water supply available? | __Yes __ No |
| 16. Lavatory available with hot and cold running water? | __ Yes __ No |
| 17. All stairs with four or more steps equipped with hand rails? | __Yes __ No __ N/A |

C. Security

- | | |
|---|--------------------|
| 1. Locks on office door or file cabinet drawers? | __Yes __ No __ N/A |
| 2. Power surge protection in use? | __Yes __ No __ N/A |
| 3. Protective or secure storage for floppy disks? | __Yes __ No __ N/A |
| 4. Privacy for confidential phone conversations? | __Yes __ No __ N/A |

Additional Comments/Suggestions: _____

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**Appendix 3
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By signing below, the employee certifies that this information is correct and the manager certifies receipt of this document.

Date: _____

Employee Signature _____

Date: _____

Manager Signature _____