**SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

**REMOTE WORK LOCATION SAFETY CHECKLIST**

*Supervisor to review with staff and send to HR with Agreement*

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remote Site Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The workstation is located where it will not interfere with the normal operations of the home.

\_\_\_\_Yes \_\_\_\_No

1. There are electrical cords from the computer and/or other equipment that could post a slip/trip hazard for someone walking in the area.

\_\_\_\_Yes \_\_\_\_No

1. If a multi-outlet strip is used, there is only one strip on the double outlet and no other strips or extension cords are “daisy chained.”

\_\_\_\_Yes \_\_\_\_No

4. Carpets or floor tiles are secure, so they do not present a slip/trip hazard.

\_\_\_\_Yes \_\_\_\_No

1. File cabinet and desk drawers are closed so they are not a tipping hazard.

\_\_\_\_Yes \_\_\_\_No

6. Aisles, doorways and corners are free of obstructions to permit visibility and movement.

\_\_\_\_Yes \_\_\_\_No

7. There is adequate lighting to see the workstation, paperwork and other work-related items.

\_\_\_\_Yes \_\_\_\_No

8. The office space is neat, clean and free of excessive combustibles.

\_\_\_\_Yes \_\_\_\_No

9. The workstation is set up ergonomically:

a. Feet flat on floor or on a raised platform so feet are flat and knees at a right angle

b. Chair seat comfortable and able to sit back in chair fully

c. Arms at near right angles when resting hands on keyboard

d. Wrist rest if needed to keep wrists from bending

e. View screen at fingertip distance when lightly extending arm straight out (no shoulder extension)

f. Screen at proper height, neck is not bent up/down when viewing screen

g. Mouse located so arm is not extended away from body to reach and activate.

\_\_\_\_Yes \_\_\_\_No

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Employee Signature/Date Employee’s Printed Name