

## Maryland's Telework Program

### Remote Work Site Self-Certification Checklist

Name: \_\_\_\_\_ Administration: \_\_\_\_\_

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

Remote Work Phone: \_\_\_\_\_

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

This checklist is designed to assess the overall safety of your remote workplace and to ensure that you have been properly prepared for teleworking. Upon completion, you should sign and return this form to your supervisor.

Describe the workspace in your remote workplace: \_\_\_\_\_

\_\_\_\_\_

#### A. Work Space Environment

1. Is the work space free of potential hazards that could cause physical harm (frayed wires, bare conductors, loose wires, exposed wires to the ceiling, frayed or torn carpeting seams, uneven floor surfaces)?  Yes  No
2. Are electrical outlets grounded (3 pronged)?  Yes  No
3. Do chairs have any loose casters (wheels)  Yes  No ; and are the rungs and legs of the chairs sturdy?  Yes  No
4. Are the phone lines, electrical cords, and extension wires secured?  Yes  No
5. Is the office space neat, clean, and free of obstructions and excessive amounts of combustibles?  Yes  No
6. Is there enough light for reading?  Yes  No
7. Is a fire extinguisher easily accessible from the office space?  Yes  No
8. Is there a working (test) smoke detector within hearing distance of the workspace?  
 Yes  No
9. Is the area free from distractions (i.e. children)?  Yes  No

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#### **B. Employee Orientation**

1. Have you read the State of Maryland's Teleworker's Manual?  Yes  No
2. Have you been provided with a copy of your signed Agency Teleworking Agreement?  Yes  No
3. Have you discussed your work schedule with your supervisor?  Yes  No
4. Have you completed the Teleworker Work Plan?  Yes  No
5. If you have been issued agency equipment, have you been briefed on the care of the equipment?  Yes  No
6. Have you discussed your performance expectations with your supervisor?  
 Yes  No
7. Have you been provided with relevant telephone directories and electronic reports?  Yes  No

I certify that all information contained in this checklist is true and complete to the best of my knowledge. I authorize \_\_\_\_\_ to inspect the remote work location provided I am given 24 hours notice of the inspection. I understand that any erroneous, misleading or fraudulent information is sufficient grounds for my preclusion from teleworking and/or disciplinary action.

\_\_\_\_\_

Teleworker

\_\_\_\_\_

Date

\_\_\_\_\_

Supervisor

\_\_\_\_\_

Date