

**Department of Labor (DOL)**  
**Standard Alternate Worksite Employee Safety Self-Certification**

<b>To be completed by employee:</b>	
Employee Name:	Date of Certification:
Agency:	Employee's Business Telephone:
Address of Alternate Worksite:	Phone # of Alternate Worksite:
<p>The following checklist is designed to assess the overall safety of the alternate worksite. Each participant should read and complete the self-certification safety checklist. Upon completion the checklist should be signed and dated by the participant employee and immediate supervisor.</p>	

**A. WORKPLACE ENVIRONMENT**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Are all stairs with 4 or more steps equipped with handrails?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do circuit breakers clearly indicate if they are in the open or closed position?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. 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)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Will the building's electrical system permit the grounding of electrical equipment?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Are aisles, doorways, and corners free of obstructions to permit visibility and movement?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Do chairs have any loose casters (wheels) and are the rungs and legs of the chairs sturdy?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Is the office space neat, clean, and free of excessive amounts of combustibles?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Are floor surfaces clean, dry, level, and free of worn or frayed seams?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Are carpets well secured to the floor and free of frayed or worn seams?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Is there enough light for reading?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**B. COMPUTER WORKSTATION (IF APPLICABLE)**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 14. Is your chair adjustable?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Do you know how to adjust your chair?                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Is your back adequately supported by a backrest?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. Are your feet on the floor or fully supported by a footrest?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. Are you satisfied with the placement of your VDT and keyboard?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. Is it easy to read the text on your screen?                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 20. Do you need a document holder?                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21. Do you have enough leg room at your desk?                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22. Is the VDT screen free from noticeable glare?                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 23. Is the top of the VDT screen at eye level?                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 24. Is there space to rest the arms while not keying?                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 25. When keying, are your forearms close to parallel with the floor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 26. Are your wrists fairly straight when keying?                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: The supervisor should retain a copy of this Employee Self Certification Safety Checklist along with the written Flexiplace agreement. This safety checklist is intended to be a guide for the employee and the supervisor. If either the employee or the supervisor has concerns as to whether the prospective alternate work site is adequate in terms of safety or health, either should consult with the Agency's Safety and Health Officer.