

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?
2. Separate from major family activity area?
3. Secure from pets and family members?
4. Background or distracting noise is minimal?
5. Equipment not easily viewed from outside/external areas?
6. Office furniture and equipment ergonomically correct as specified at http://dohs.ors.od.nih.gov/ergonomics\_home.htm?
7. Lighting: Directed behind or to the side of line of vision, not in front or above it?
8. Storage: 2 or 4 drawer file drawers needed?
9. Supplies/resources close to desk?
10. Does home office comply with lease/association agreement?

B. Safety

- 1. Safe exit path from work area? (recommended width = 36")
2. Evacuation plans established?
3. Smoke detector/alarm present and functional?
4. Fire extinguisher near work area?
5. First aid supplies adequate?

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

C. Security

- 1. Locks on office door or file cabinet drawers?
2. Power surge protection in use?
3. Protective or secure storage for floppy disks?
4. Privacy for confidential phone conversations?

Additional Comments/Suggestions:
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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 \_\_\_\_\_