HOME OFFICE EVALUATION FORM

*Remote Workers should evaluate their home office setup to ensure it will be appropriate for the success of their arrangement.*

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| **Description Of Work Location** | | |
| Employee's home work area:  (Please specify room or area of work) | | |
| **Workstation Setup** | | |
| 1. If in basement, will there be a problem with moisture? | | |
| Yes | No | Not Applicable |
| 2. Separate from major family activity area? | | |
| Yes | No | Not Applicable |
| 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://www.ors.od.nih.gov/sr/dohs/HealthAndSafety/Ergonomics/Pages/ergonomics_home.aspx>? | | |
| Yes | No |  |
| 7. Lighting: Directed behind or to the side of the vision not in front of or above it? | | |
| Yes | No |  |
| 8. Storage: Two or four file cabinet drawers needed? | | |
| Yes | No |  |
| 9. Supplies/resources close to desk? | | |
| Yes | No |  |
| 10. Does home office comply with lease/association agreement? | | |
| Yes | No | Not Applicable |
| **Safety** | | |
| 1. Safe exit path from work area (recommended width = 36 inch)? | | |
| 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 |  |
| 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 level)? | | |
| Yes | No |  |
| 12. Overhead shelves or cabinets not in hazardous locations? | | |
| Yes | No |  |
| 13. Do you have Homeowner’s Insurance? | | |
| Yes | No | Not Applicable |
| 14. Do you have Renter's Insurance? | | |
| Yes | No | Not Applicable |
| 15. Do you have Liability Insurance? | | |
| Yes | No | Not Applicable |
| 16. To the best of your knowledge, is the space free of material containing asbestos? | | |
| Yes | No |  |
| 17. A drinkable water supply available? | | |
| Yes | No |  |
| 18. Lavatory available with hot and cold running water? | | |
| Yes | No |  |
| 19. All stairs with four or more steps equipped with handrails? | | |
| Yes | No | Not Applicable |
| **Security** | | |
| 1. Lock on office door or file cabinet drawers? | | |
| Yes | No | Not Applicable |
| 2. Power surge protectors in use? | | |
| Yes | No | Not Applicable |
| 3. Protective or secure storage for electronic media (floppy disks, CDs, DVDs)? | | |
| Yes | No | Not Applicable |
| 4. Privacy for confidential phone conversation? | | |
| Yes | No | Not Applicable |
| **Hardware Inventory** | | |
| From the following list, select the hardware provided by the Employee | | |
| No hardware provided by employee | | Cable modem |
| Telephone | | Chair |
| Cell phone | | Locked filing cabinet |
| Computer | | Desk |
| Second telephone line | | Voice mail system |
| DSL | | Answering machine |
| Other: | | |
| From the following list, select the hardware provided by the Employer | | |
| No hardware provided by employer | | Chair |
| Telephone | | Locked filing cabinet |
| Cell phone | | Desk |
| Computer | | Voice mail system |
| Second telephone line | | Answering machine |
| Blackberry/ Mobile Device | | DSL |
| Cable modem | |  |
| Other: | | |

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Employee Signature Date

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Manager Signature Date