HOME OFFICE EVALUATION FORM

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

|  |
| --- |
| **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: |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Signature Date