



OFFICE EVALUATION FORM

Teleworkers and Remote Workers should evaluate their alternative worksite (i.e., home office) setup to ensure it will be appropriate for the success of their arrangement.

Description Of Work Lo	cation		
Employee's work area:			
(Please specify room or are	ea of work)		
Workstation Setup			
1. If in basement, will there	e be a problem with	moisture?	
Yes	No	Not Applicable	
2. Separate from major far	nily activity area?	••	
Yes	No	Not Applicable	
4. Background or distractin	g noise is minimal?	(television, other persons, outside traffic)	
Yes	No		
5. Equipment not easily vie	ewed from outside/e	external areas?	
Yes	No		
6. Office furniture and equ http://www.ors.od.nih.g me.aspx?	•	ly correct as specified at ndSafety/Ergonomics/Pages/ergonomics ho)
Yes	No		
7. Lighting: Directed behin	d or to the side of th	e vision not in front of or above it?	
Yes	No		
8. Storage: Two or four file	cabinet drawers ne	eded?	
Yes	No		
9. Supplies/resources close	e to desk?		
Yes	No		
10. Does home office com	ply with lease/assoc	ciation agreement?	
Yes	No	Not Applicable	

Safety

1. Safe exit path from work area (re	ecommended widt	h = 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. D	o you have Liability Insuranc	ce?			
	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 avai	lable?			
	Yes	No			
18. L	avatory available with hot ar	nd cold running	water?		
	Yes	No			
19. All stairs with four or more steps equipped with handrails?					
	Yes	No	Not Applicable		
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Secui	•				
1. Lo	ck on office door or file cabir				
	Yes	No	Not Applicable		
2. Po	wer 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		
Hard	ware Inventory				
From	the following list, select the	hardware avail	able to 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: