

## **Alternate Work Location Safety Attestation**

<u>Instructions for employee</u>: Maintaining a safe alternate work location is the teleworker's responsibility. This attestation must be completed by teleworkers at least once per year. Place a checkmark beside each item if it currently exists as described in your alternate work location. Questions regarding any item should be directed to your supervisor. Return completed and signed attestation to your supervisor. Supervisor will review and provide you and Human Resources with a fully executed copy.

Employee Na	me:	Job Title:	
Department:		Work Phone:	Email:
City:		State:	Zip Code:
Work Phone:		Email:	
□ Alter □ Floor □ pape □ Floor □ Smal □ Furni □ edge □ Phon □ File o □ Alter □ Alter □ Adeq □ First	nate work location is away nate work location accome, walkways, aisle(s), and der, cords, and boxes) and of ing (carpet, vinyl, hardword rugs and runners are slipture (chair, desk, cabinet, at that could compromise see lines, cables, electrical carawers do not open in wall abinets, bookcases, etc. and abinets, bookcases, etc. and at a work location is kept nate work location is protequate temperature control Aid supplies stored close to	ther hazards that may impede and, etc.) is securely attached to resistant. bookcase, etc.) is stable and fresafety. ords, and other trip hazards are lkways. re not top heavy and do not prefree of trash, clutter, and flammected from physical or external and ventilation are present.	ent, and related material.  In miscellaneous household objects (books, an open path to exit.)  If loor and free of frayed or worn seams.  The entry of defects such as splintered wood or sharp are placed away from heat sources and foot traffic.  The esent a tipping hazard.  The mable liquids.  The threats such as severe weather or intruders.
☐ Elect ☐ Suffice ☐ Exter ☐ Compound ☐ Surge ☐ Elect ☐ Equipe Ergonomics/ ☐ Light ☐ Alter ☐ or out	rical system is adequate for rical cords and cables are ricient electrical outlets are rision cord(s) are not in use outer/electrical equipment a protector(s) are plugged rical plugs, cords, outlets, oment is turned off when ricing is sufficient for reading nate work location (furnity todoor light sources.	resting on the floor and not und accessible and close to equipm e.  t is plugged into a surge protect directly into a wall outlet(s).  and panels are in good condition to in use.  g or working on the computer.	tor. on with no exposed/damaged wiring. (s), etc.) is arranged to minimize glare from indoor

	☐ Chair seat and backrest are supportive and adjustable to comfortable up	oright position.		
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	keyboard at approximately elbow height, and keep hands, wrists, and fo	rearms in straight line parallel to floor.		
	•	rist to be in straight natural position		
	,	•		
	for full viewing.	int set so that head thing is not required		
Inforn	formation Safety/Security			
		cy.		
		•		
	□ Lock up paper files with confidential information.			
	☐ Log in to university system at least weekly to run regular scans and ensu	re anti-virus software and virus		
	definitions are updated.			
		mage and misuse.		
	☐ Inventory of all equipment including serial numbers is maintained.			
Fire/E	re/Emergency Safety			
		to in event of severe weather threat.		
	☐ Sign-up for severe weather alerts from government/media sources via e	mail or text for alternate work location.		
	☐ Maintain contingency plan to work elsewhere in event of power outage.			
	☐ Maintain primary and alternate evacuation plan for emergency exit in eva	vent of a fire.		
	☐ Multi-use fire extinguisher, which employee knows how to use, is readily	y available.		
	☐ Working smoke detector and carbon monoxide detector are present in a	alternate work location area.		
	☐ All radiators and portable heat source(s) are located away from combust	tible and flammable items.		
	☐ Staircases that must be travelled while working are well lit, free from ob	struction, and allow for secure footing		
	on each step.			
l,				
	(Print Employee Name)			
a.	I understand the contents of each item listed above and attest that my a	alternate work location complies		
	with all checked items.			
b.	I will contact my supervisor and university safety professional if I have a	ny concerns regarding ergonomics or		
	alternate work location safety issues.			
C.	I will maintain my alternate work location including all items checked on the above list while teleworking.			
d.	I will immediately provide written notice to my supervisor of any change	e in location or condition of my alternate		
•	work location.	an whanavar at my alternate work		
e.	I will utilize the same safety rules and habits applicable to my duty static location.	on whenever at my alternate work		
f.	I will follow usual university procedures for immediate reporting of work	c-related illness or injury occurring at		
	alternate work location.	related limess of injury occurring at		
	(Employee Signature)	(Date)		
		•		
	(Supervisor Signature)	(Data)		
	(Supervisor Signature)	(Date)		