



Department of Health and Human Services  
Employee Safety and Benefits  
Safety and Health Program

ALTERNATE WORKSTATION/HOME OFFICE INSPECTION CHECKLIST

Employee: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

Location: \_\_\_\_\_ Section: \_\_\_\_\_ Date: \_\_\_\_\_.

Inspected By: \_\_\_\_\_ Supervisor: \_\_\_\_\_.

- The employee is responsible to ensure a safe workplace exists.
- Inspection to be completed by the individual (employee, supervisor, or other designee) as directed by the Division/Office/Facility/School Director
- Check to see if any items listed below exist. Document the location and planned corrections in the space on the right
- The completed form will be reviewed by the employee with their supervisor and filed with teleworking agreement in the local HR office.

**ELECTRICAL CORDS AND OUTLETS**

**Comments:**

Frayed, cut, nicked, or damaged cords (exposing interior conductors) \_\_\_\_\_

Cords running exposed across walkways \_\_\_\_\_

Extension cords used as permanent wiring \_\_\_\_\_

Multi-Outlet Adapter being used \_\_\_\_\_

Missing ground pin on electrical cord \_\_\_\_\_

Outlet with missing or broken cover \_\_\_\_\_

**FIRE HAZARDS**

Items blocking exit doors \_\_\_\_\_

Exit doors do not open easily \_\_\_\_\_

Combustible storage in halls/passageways/etc \_\_\_\_\_

Combustible storage directly in front of outlet \_\_\_\_\_

**STORAGE**

Storage stacked higher than 5 feet w/o stepstool/ladder \_\_\_\_\_

Storage within 3 feet of heater/heat source \_\_\_\_\_

Storage stacks lean and/or not secure \_\_\_\_\_

**MISCELLANEOUS ITEMS**

Burned out or missing light bulbs \_\_\_\_\_

Spurs, splinters, protruding nails, etc. on furniture \_\_\_\_\_

Tripping hazards in carpet or floors \_\_\_\_\_

Are chairs in safe condition and are caster, rungs and legs sturdy? \_\_\_\_\_

Are filing cabinets and other heavy equipment placed against the wall or columns? \_\_\_\_\_