

## CI TELECOMMUTING PROGRAM – Safety Checklist/Acknowledgement

### REQUIRED.

The following checklist must be completed for any in-home telecommuting site and reviewed quarterly. All items must be evaluated by the employee as being satisfactory, and shall be installed and maintained in accordance with guidelines in the campus Telecommuting Policy.

<b>I. Electrical</b>	<b>Yes</b>	<b>No</b>
A. All electrical outlets in the work area are permanent in nature and properly grounded.	<input type="checkbox"/>	<input type="checkbox"/>
B. There is an adequate number of electrical outlets to support equipment in the work area.	<input type="checkbox"/>	<input type="checkbox"/>
C. Electrical cords are not frayed or otherwise damaged.	<input type="checkbox"/>	<input type="checkbox"/>
D. Extension cords are not being used as a permanent source of electricity.	<input type="checkbox"/>	<input type="checkbox"/>
E. Electrical equipment and tools are properly maintained.	<input type="checkbox"/>	<input type="checkbox"/>
F. Computers, peripheral equipment, and fax machines are connected to surge protectors to guard against damage from power surges.	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. Fire Protection</b>	<b>Yes</b>	<b>No</b>
A. Smoke Detector		
1. There is a smoke detector placed in a location near the work area and any equipment used to support telecommuting.	<input type="checkbox"/>	<input type="checkbox"/>
2. Underwriter's Laboratory (UL) and/or the State Fire Marshall approve the smoke detector, and it has a function test mechanism.	<input type="checkbox"/>	<input type="checkbox"/>
3. Smoke detector(s) have been tested at the time of installation and will continue to be tested on a monthly basis.	<input type="checkbox"/>	<input type="checkbox"/>
B. Fire Extinguisher		
1. A 2A10BC fire extinguisher is required.	<input type="checkbox"/>	<input type="checkbox"/>
2. The fire extinguisher is fully charged.	<input type="checkbox"/>	<input type="checkbox"/>
3. The fire extinguisher is within 10 feet of the electronic telecommuting equipment and easily accessible to the telecommuter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>III. Emergency Procedures</b>	<b>Yes</b>	<b>No</b>
A. There is an evacuation plan.	<input type="checkbox"/>	<input type="checkbox"/>
B. There is more than one way out of the work area (e.g., doors/ windows).	<input type="checkbox"/>	<input type="checkbox"/>
C. A first aid kit is on site.	<input type="checkbox"/>	<input type="checkbox"/>
<b>IV. Environment</b>	<b>Yes</b>	<b>No</b>
A. The work area is free of tripping hazards and is uncluttered.	<input type="checkbox"/>	<input type="checkbox"/>
B. All equipment is adequately supported and free from the danger of falling.	<input type="checkbox"/>	<input type="checkbox"/>
C. The work area has adequate lighting.	<input type="checkbox"/>	<input type="checkbox"/>
D. Potentially hazardous chemicals are not stored in, or around, the work area.	<input type="checkbox"/>	<input type="checkbox"/>

## CI TELECOMMUTING PROGRAM – Safety Checklist/Acknowledgement (Continued)

### REQUIRED

#### V. Work Station Arrangement

(Check here  if you will NOT be using computer equipment and skip to Section VI.)

A. Positioning When Seated	Yes	No
1. Are your forearms and wrists parallel to the floor and upper arms resting at your sides when positioned at the keyboard or work surface?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are your thighs parallel to the floor?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are your feet supported?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there at least 2 inches of clearance between your thighs and the working surface?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there space, approximately the size of a fist, between the edge of the seatpan and the back of your knees?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the top of the monitor at a comfortable height ( <i>i.e. no tilting of the head back or downward</i> )?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the monitor screen at a comfortable distance from your eyes when in use ( <i>i.e. you don't have to lean forward or backward to see the text on the screen</i> )?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your head and neck rest in a neutral position ( <i>i.e. facing forward, chin slightly down, shoulders relaxed</i> )?	<input type="checkbox"/>	<input type="checkbox"/>
B. Chair Adjustment	Yes	No
1. Is the height of the chair adjusted to allow you to sit in a neutral position ( <i>see your safety officer for a definition of this position</i> )?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the backrest of your chair supporting the curve of your lower back so that your spine is slightly arched?	<input type="checkbox"/>	<input type="checkbox"/>
C. Foot Support	Yes	No
1. Are your feet comfortably on the floor or a footrest?	<input type="checkbox"/>	<input type="checkbox"/>
2. If a footrest is used, does it allow you to sit in a correct neutral position at your work station? ( <i>skip to D if a footrest is not used</i> )	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the footrest non-restrictive to allow for leg movement and easily removable?	<input type="checkbox"/>	<input type="checkbox"/>
D. Video Display Terminal (VDT) Screen/ Monitor	Yes	No
1. Is your monitor placed to avoid glare caused by light sources?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your screen angle and/or brightness and contrast controls adjusted to reduce glare?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your screen clean and free from dust and smudges?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is your screen adjusted for good image contrast and brightness?	<input type="checkbox"/>	<input type="checkbox"/>

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**CI TELECOMMUTING PROGRAM – Safety Checklist/Acknowledgement (Continued)**

**V. Work Station Arrangement (Continued)**

<u>E. Workspace Arrangement</u>	<b>Yes</b>	<b>No</b>
1. Are materials and equipment accessed and/or used frequently typically positioned/placed within 16” of reach (comfort zone)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are materials and equipment accessed and/or used less frequently typically positioned/placed within 16” to 24” of reach (secondary zone)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are frequently used materials/equipment positioned so harmful postures and motions are eliminated?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are documents placed in the same visual plane as the screen face to reduce back and forth neck motions?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the telephone placed within proper reach on side opposite from the writing hand (i.e., on the left side if right handed)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are most of your reaching motions below shoulder height and/or above knee height?	<input type="checkbox"/>	<input type="checkbox"/>

**Caution: “No” responses to any questions may indicate a potential problem with your in home workspace arrangement. Management may deny or rescind telecommuting based on home safety or suspected hazards.**

**VI. Acknowledgement**

Since the State is ultimately responsible for insuring that employees have a safe work environment under Cal-OSHA (C.L.C. Section 6401.7(a)2 ), CI may require a quarterly safety inspection of a telecommuter’s home office space. If warranted, CI will provide 48 hour notice to the employee, except in the case of an emergency.

Also in accordance with Cal-OSHA requirements, acknowledgement of home office safety will be required on a quarterly basis. This acknowledgement is for:

1st Quarter of 20\_\_  2nd Quarter of 20\_\_  3rd Quarter of 20\_\_  4th Quarter of 20\_\_

I, \_\_\_\_\_ (print name) certify that my home office meets all the above requirements in the Safety Checklist/Acknowledgement.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date