



PGCPS Telework Program
Alternate Workplace Safety and Orientation Checklist

Employee Name: _____ Office/Department: _____

Alternate Work Address: _____

Alternate Work Phone: _____ Manager/Supervisor: _____

This checklist is designed to assess the overall safety of your alternate workplace and to ensure that you have been properly prepared for teleworking. Upon completion, you should sign and return this form to your manager/supervisor.

A. Work Space Environment

- 1) Is the workspace free of potential hazards that could cause physical harm (e.g., frayed wires, bare conductors, loose wires, exposed wires to the ceiling, frayed or torn carpeting seams, uneven floor surfaces, etc.)?
_____ Yes _____ No
- 2) Are electrical outlets grounded (3 pronged)?
_____ Yes _____ No
- 3) Are the chair casters (wheels) secure?
_____ Yes _____ No
- 4) Are the rungs and legs or the chairs sturdy?
_____ Yes _____ No
- 5) Are the phone lines, electrical cords and extension wires secured?
_____ Yes _____ No
- 6) Is the office space neat, clean, and free of obstructions and excessive amounts of combustibles?
_____ Yes _____ No
- 7) Is there enough light for reading?
_____ Yes _____ No
- 8) Is a fire extinguisher easily accessible from the office space?
_____ Yes _____ No
- 9) Is there a working (test) smoke detector within hearing distance of the workspace?
_____ Yes _____ No
- 10) Is the area free from distractions (e.g., children)?
_____ Yes _____ No



B. Employee Orientation

- 1) Have you read the PGCPS Administrative Procedure 4165, Teleworking for Selected Employees?
_____ Yes _____ No

 - 2) Have you been provided with a copy of and reviewed the PGCPS Teleworking Agreement?
_____ Yes _____ No

 - 3) Have you discussed your work schedule with your manager/supervisor?
_____ Yes _____ No

 - 4) If requested, do you agree to complete the Telework Work Plan?
_____ Yes _____ No

 - 5) Have you discussed your performance expectations with your manager/supervisor?
_____ Yes _____ No
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I certify that all information contained in this checklist is true and complete to the best of my knowledge. I authorize my manager/supervisor, to inspect the alternate work location provided I am given 24 hours notice of the inspection. I understand that any erroneous, misleading or fraudulent information is sufficient grounds for my removal from teleworking and/or disciplinary action.

Teleworker name (please print) and signature

Date

Teleworker signature

Manager/Supervisor name (please print)

Date

Manager/Supervisor signature