

The Employee

- completes all parts of the checklist and retains a copy
- emails the completed checklist to the Supervisor

The Supervisor

- signs and retains a file copy

Department:

A. HOME OFFICE SET-UP	YES	NO	ACTION REQUIRED/COMMENTS
Ergonomics <ul style="list-style-type: none"> • Do you understand how to apply basic ergonomic principles? • Is your home office workstation set-up based on ergonomic principles and best practices? • Do you have adequate lighting for your workstation? 		<input type="checkbox"/>	
Home Office Condition <ul style="list-style-type: none"> • Are all designated work areas at home free of slip, tripping and falling hazards? • Are the power bars/cords and receptacles in good condition? 			
B. WORKING ALONE	YES	NO	ACTION REQUIRED/COMMENTS
<ul style="list-style-type: none"> • Are you familiar with working from home/remotely? • Do you understand how to manage/safeguard information while working from home? 			
C. EMERGENCY PREPAREDNESS AND RESPONSE	YES	NO	ACTION REQUIRED/COMMENTS
Emergency Preparedness and Response <ul style="list-style-type: none"> • Do you have/understand your Emergency Preparedness and Response procedure at home (including evacuation and shelter-in-place)? • Are your entrances/exits, corridors, passageways, and aisles clear and unobstructed? 			
D. MENTAL HEALTH CONSIDERATION	YES	NO	ACTION REQUIRED/COMMENTS
<ul style="list-style-type: none"> • Do you have access to mental health resources? 			

NOTE: Additional safety tips on working from home can be found [here](#)

I have read and understand these working alone procedures and tip sheet.

_____	_____	_____
Signature of Employee	Name of Employee (PRINT)	Date (yyyy/mm/dd)
_____	_____	_____
Signature of Supervisor	Name of Supervisor (PRINT)	Date (yyyy/mm/dd)