



## Safe and Effective Telework Environment Checklist and Self Certification

Before beginning to telework, employees must review and initial the components of a Safe and Effective Telework Environment, then sign and certify that they have reviewed and understand the requirements to create a healthy, safe, and effective telework space, and are aware of what to do in the event of an injury in the telework space.

The opportunity to participate in a telework program is offered with the understanding that an employee is responsible for ensuring that his/her telework environment is both a safe and an effective place of work. The telework environment must comply with all County and Departmental health, safety, and information security programs and policies, including but not limited to the [County Occupational Health and Safety Plan](#), [County Ergonomics Program/Policy](#), [County's Portable Computing Policy](#), the [Countywide Information Technology Standards](#), [the County Internet Policy](#), [County Ergonomics Policy for Computer Operations](#) and Departmental Injury, Illness and Prevention Programs. Failure to do so may be justification for termination from the telework program.

Name of Employee: \_\_\_\_\_

Employee Telework Phone: \_\_\_\_\_ Employee Office Phone: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

## Initials Training

Prior to completing this self-certification, all employees who wish to telework must complete the online Telework and iMitgate training courses.

_____	<b>iMitgate</b>	An <a href="#">online self-assessment tool</a> and interactive training geared toward providing information to mitigate computer-related injuries. (Contact <a href="#">Risk Management</a> for Log In Information)
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## Initials General Environment

General requirements for lighting, heating and ventilation, cleanliness and organization, and noise levels in the telework space:

_____	<b>Lighting</b>	The telework area should be adequately illuminated, enabling the employee to perform work without eyestrain or glare. More information on lighting standards is available in the <a href="#">Ergonomic Office Standards</a> .
_____	<b>Heating and Ventilation</b>	The telework area should be properly heated and ventilated. If a work place is too cold or too warm, it can be difficult to concentrate and could cause harm.
_____	<b>Cleanliness and Organization</b>	Employees should ensure that the area is: <ol style="list-style-type: none"> <li>1. Free of clutter, tripping hazards and has a clear path for travel.</li> <li>2. Organized to safely support all equipment to prevent falling.</li> <li>3. Arranged to securely store heavy items on sturdy stands, close to walls, and filing cabinets are filled from bottom to top and/or balanced to prevent tipping.</li> <li>4. Organized so that potentially hazardous chemicals are kept out of harms way.</li> </ol>
_____	<b>Noise Levels</b>	Employees should avoid or keep distracting sounds to a minimum by diffusing unavoidable noise by shutting a door or using a room divider. More information on noise levels is available in the <a href="#">Ergonomic Office Standards</a> .

## Initials Workstation Arrangement

Adhering to the following criteria will assist in ensuring a safe, ergonomically sound, and effective telework environment:

_____	<b>Ergonomics</b>	The telework space must be arranged so that it is in compliance with the <a href="#">Ergonomic Office Standards</a> outlined in the <a href="#">County Ergonomics Policy</a> . Employees can complete an <a href="#">Ergonomic Self-Assessment</a> .
_____	<b>RSIGuard</b>	RSIGuard, the County's desktop ergonomic software solution that reduces repetitive strain injuries must be installed on all County issued equipment.

Initials Electrical		
_____	<b>Electricity</b>	<p>Employees should have enough electrical outlets in the room to avoid overloading any circuits by using proper equipment, such as surge protectors.</p> <p>Arrange the electrical and phone lines and equipment to:</p> <ol style="list-style-type: none"> <li>1. Avoid tripping hazard, cover interconnecting cables or place them out of the way</li> <li>2. Prevent overloading circuits by using surge protector(s)/master switch to connect electronic equipment, such as computers, monitors, printers and fax machines</li> <li>3. Position equipment close to electrical outlets</li> <li>4. Ground all electrical outlets</li> </ol>

Initials Security of Information and Equipment		
<p>Employees must prevent costly computer breakdowns and the loss of crucial data by following these computer safeguards:</p>		
_____	<b>Protecting Information, Data and Equipment</b>	<ol style="list-style-type: none"> <li>1. Comply with the <a href="#">County's Portable Computing Policy</a>, the <a href="#">Countywide Information Technology Standards</a>, the <a href="#">County Internet Policy</a>, and the <a href="#">County Ergonomics Policy for Computer Operations</a>.</li> <li>2. All teleworking supplies and equipment are maintained in good condition.</li> <li>3. Position equipment away from direct sunlight or heat sources.</li> <li>4. Place equipment on well-ventilated surfaces and provide for sufficient air space around them.</li> <li>5. Ensure a clean, dry space for storage of external hard drives, USB's and other portable storage devices.</li> </ol>
_____	<b>Safety</b>	<ol style="list-style-type: none"> <li>1. Power down equipment at the end of a workday.</li> <li>2. Ensure all county issued equipment, software and supplies are kept safe and secure from unauthorized use, and protected again from theft, loss and damage.</li> <li>3. Comply with Information Technology Standards by using passwords.</li> </ol>
_____	<b>Confidentiality</b>	<ol style="list-style-type: none"> <li>1. All confidential, private, personal or privileged records or information are kept safe and secure to the greatest extent possible and according to the security measures and safeguards.</li> </ol>

Initials Work Related Injury While Teleworking		
_____	<b>Reporting a Telework Injury</b>	<p>If a teleworker is injured in his/her designated teleworking workspace during teleworking hours while conducting County business, the teleworker must notify his/her supervisor immediately and follow County policy for reporting on-the-job work injuries.</p> <p>If the immediate supervisor is not available, the teleworker is to contact the manager or an alternate supervisor or manager for reporting the injury. The supervisor is to follow all applicable rules and procedures governing employee injuries (e.g. fill out appropriate forms, such as "<a href="#">Report of Incident or Unsafe Condition</a>" and escalate information as needed).</p>
_____	<b>Worker's Compensation</b>	Injuries occurring while teleworking may be covered by Worker's Compensation provided that all eligibility requirements are met. Existing policies for Worker's Compensation apply.
_____	<b>Outside of workspace and outside parties</b>	<p>The County assumes no liability for injuries to the employee/teleworker that occur outside of the designated telework space and outside of employee's scheduled telework hours.</p> <p>Employees are liable for injuries to third parties who enter the designated work space.</p>

Initials Automobile Safety		
_____	<b>Automobile Safety</b>	Employees who operate County vehicles must have a valid operator's license and authorization from Risk Management and must comply with the <a href="#">County Driving Policy and Safe Driving Program</a> .

## Certification

I certify that I have read and understand the components of a Safe and Effective Telework Environment and am aware of how the requirements create a healthy, safe, and effective telework space. I agree to uphold the terms and specifications outlined above.

I understand that my supervisor or department may deny my opportunity to telework or may rescind my existing Telework Agreement for non-compliance with these terms or any safety problems or injuries in the telework space.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Manager Name

\_\_\_\_\_  
Supervisor/Manager Signature

\_\_\_\_\_  
Date

