Remote Worksite Safety Self-Attestation

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| Employee Name: |  |
| Supervisor Name: |  |

By checking each box below, I am attesting that I am complying with each safety measure below.

## General Environment

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|  | The workspace furniture and area enable me working comfortably for long periods of time. |
|  | The workspace area has adequate lighting and ventilation. |
|  | The workspace is reasonably quiet and free of distraction and is secure. |
|  | Aisles, doorways, and corners are free from obstructions to permit movement. |

## Electricity and Equipment

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|  | There are enough electrical outlets in the workspace to support the required equipment. All electrical equipment is free of recognized hazards that would cause physical harm (e.g., frayed, loose, or exposed wires or broken conductors). If necessary, consult with an electrician or power utility company on capacity questions. |
|  | Necessary electrical outlets are three-pronged (grounded). |
|  | Computer equipment is connected to a surge protector. The equipment is placed at a comfortable height for viewing and will be powered down after the workday is over. |
|  | Computer equipment is on a sturdy, level, well-maintained piece of furniture and the keyboard and mouse are at a height that does not cause wrist strain. |

## Safety and Security

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|  | There is a working smoke detector in the workspace. |
|  | Phone lines, electrical cords, and extension wires are secured underneath a desk or along baseboards. |

NOTE: Employees are responsible for informing their manager/supervisor of any significant change to work area or space. Safe work guidelines can be found at [OSHA](http://www.osha.gov/SLTC/etools/computerworkstations/index.html) website.

**I understand it is my responsibility to maintain the safety and appropriate arrangement of my remote worksite. I certify that my attestations above are true and complete to the best of my knowledge. I further understand that providing inaccurate, misleading, or fraudulent information is sufficient grounds for my immediate and permanent disqualification from remote work.**

### SIGNATURES

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|  |  |  |
| Employee Signature |  | Date |
|  |  |  |
| Supervisor Signature |  | Date |