

Bowie State University's Telework Program

Remote Workplace Self-Certification Checklist

Name: _____ Administration: _____

Remote Work Address: _____

Remote Work Phone: _____

Supervisor: _____

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

Describe the workspace in your remote workplace: _____

A. Work Space Environment

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

Maryland's Telework Program

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B. Employee Orientation

1. Have you read the State of Maryland's Teleworker's Manual? ☐ Yes ☐ No
2. Have you been provided with a copy of your signed Agency Teleworking Agreement? ☐ Yes ☐ No
3. Have you discussed your work schedule with your supervisor? ☐ Yes ☐ No
4. Have you completed the Teleworker Work Plan? ☐ Yes ☐ No
5. If you have been issued agency equipment, have you been briefed on the care of the equipment? ☐ Yes ☐ No
6. Have you discussed your performance expectations with your supervisor?
☐ Yes ☐ No
7. Have you been provided with relevant telephone directories and electronic reports? ☐ Yes ☐ No

I certify that all information contained in this checklist is true and complete to the best of my knowledge. I authorize _____ to inspect the remote 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 preclusion from teleworking and/or disciplinary action.

Teleworker

Date

Supervisor

Date