



Telecommuting Workplace Safety Checklist

F 4-30B

The Telecommuting Workplace is considered an extension of Pembina Hills School Division and therefore subject to federal and provincial legislation, Board Policies, PHSD Administrative Procedures and applicable collective agreements. In order to prevent the development of unsafe or unhealthy working conditions.

Please complete the following assessment and return it to the Principal/Supervisor

Telecommuting Employee Name:	Principal/Supervisor:
Department:	Telecommuting Workplace Physical Address:
Inspected By:	Inspection Date:

A. WORKPLACE CONDITIONS	YES	NO	ACTION REQUIRED/COMMENTS
1. Floors <ul style="list-style-type: none"> Free of trip, slip and fall hazards. Free of protrusions, loose tiles, or carpets 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
2. Corridors, Passageways, Aisles <ul style="list-style-type: none"> Clear and unobstructed 	<input type="checkbox"/>	<input type="checkbox"/>	
3. Stairs <ul style="list-style-type: none"> Tread and edgings slip resistant Handrail in safe condition Clear and unobstructed 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4. Exits <ul style="list-style-type: none"> Clear and unobstructed Outside landings, walkways clean (snow/ice) 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
5. Lighting <ul style="list-style-type: none"> Walking/working areas adequately illuminated 	<input type="checkbox"/>	<input type="checkbox"/>	
6. Ergonomics <ul style="list-style-type: none"> Employee knows and uses ergonomic principles at their workstation Employee know and uses proper manual material handling (i.e.) Lifting/carrying methods 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
B. STORAGE	YES	NO	ACTION REQUIRED/COMMENTS
<ul style="list-style-type: none"> Adequate shelving available Shelving secured Material properly stacked (heavy material on bottom) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

<ul style="list-style-type: none"> • Stored material secured to prevent shifting/falling 	<input type="checkbox"/>	<input type="checkbox"/>	
C. EQUIPMENT/FURNISHINGS	YES	NO	ACTION REQUIRED/COMMENTS
1. Equipment condition <ul style="list-style-type: none"> • Is in safe operating condition 	<input type="checkbox"/>	<input type="checkbox"/>	
2. Furnishings <ul style="list-style-type: none"> • Is in safe operating conditions: desk, chairs, file cabinets, etc. 	<input type="checkbox"/>	<input type="checkbox"/>	
D. Electrical	YES	NO	ACTION REQUIRED/COMMENTS
<ul style="list-style-type: none"> • Power cords in good condition – no exposed wires, not frayed or with cracked or damaged plus • Power cords used safely – placed/secured to prevent tripping and NOT run under carpet • Ground fault interrupter on plus near water • Adequate number of receptacles provided. No overloading outlets with too many plugs • Receptacle plates in good condition – not broken, no evidence of burning • Appliances and equipment plugged directly into receptacles when possible • Power bars and surge protectors plugged directly into wall receptacles and not into each other 	<input type="checkbox"/>	<input type="checkbox"/>	
E. EMERGENCY SYSTEMS	YES	NO	ACTION REQUIRED/COMMENTS
1. First Aid <ul style="list-style-type: none"> • #2 kits provided • Adequately stocked – first aid kits • Treatment recorded in record book 	<input type="checkbox"/>	<input type="checkbox"/>	
2. Fire/Emergency Response <ul style="list-style-type: none"> • Employee knows fire/evacuation procedures • Self-closing mechanisms on fire doors operate? (i.e. attached garage) • Employee knows working alone procedures • Employee know workplace violence procedures 	<input type="checkbox"/>	<input type="checkbox"/>	
F. GENERAL FACILITY	YES	NO	ACTION REQUIRED/COMMENTS
<ul style="list-style-type: none"> • Employee works in a safe manner? • Good housekeeping and sanitary practices 	<input type="checkbox"/>	<input type="checkbox"/>	

G. ADDITIONAL COMMENTS/ RECOMMENDED CORRECTIVE ACTIONS

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I hereby certify the existing or potential hazards in the Telecommuting Workplace stated above have been properly assessed, identified and the appropriate corrective actions applied as to the best of my knowledge.

Inspection Completed by (PRINT)

Signature

Date

G. DIRECT SUPERVISOR'S REVIEW/ COMMENTS:

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Direct Supervisor (PRINT)

Signature

Date