

DEPARTMENT OF CHILD SUPPORT SERVICES
SAFETY CHECKLIST/ACKNOWLEDGEMENT
ASD 063 (NEW. 2/2020)

The following checklist must be completed for any in-home telework site and reviewed annually. All items must be evaluated by the employee as being satisfactory and shall be installed and maintained in accordance with guidelines in Setting Up an In-home Office, (ASD 064).

I. Electrical	Yes	No
A. All electrical outlets in the work area are permanent in nature and properly grounded.		
B. There are an adequate number of electrical outlets to support equipment in the work area.		
C. Electrical cords are not frayed or otherwise damaged.		
D. Extension cords are not being used as a permanent source of electricity.		
E. Electrical equipment and tools are properly maintained.		
F. Computers, peripheral equipment, and fax machines are connected to surge protectors to guard against damage from power surges.		
II. Fire Protection	Yes	No
A. Smoke Detector		
1. There is a smoke detector placed in a location near the work area and any equipment used to support teleworking.		
2. Underwriter's Laboratory (UL) and/or the State Fire Marshall approve the smoke detector, and it has a function test mechanism		
3. Smoke detector(s) have been tested at the time of installation and will continue to be tested on a monthly basis.		
B. Fire Extinguisher		
1. A 2A10BC fire extinguisher is required.		
2. The fire extinguisher is fully charged.		
3. The fire extinguisher is within 10 feet of the electronic teleworking equipment and easily accessible to the teleworker.		
III. Emergency Procedures	Yes	No
A. There is an evacuation plan.		
B. There is more than one way out of the work area (e.g., doors/ windows).		
IV. Environment	Yes	No
A. The work area is free of tripping hazards and is uncluttered.		
B. All equipment is adequately supported and free from the danger of falling.		
C. The work area has adequate lighting.		
D. Potentially hazardous chemicals are not stored in, or around, the work area.		

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V. Work Station Arrangement (Check the box if you will NOT be using computer equipment and skip to Section VI.) <input type="checkbox"/>	Yes	No
A. Positioning When Seated		
1. Are your forearms and wrists parallel to the floor and upper arms resting at your sides when positioned at the keyboard or work surface?		
2. Are your thighs parallel to the floor?		
3. Are your feet supported?		
4. Is there at least 2 inches of clearance between your thighs and the working surface?		
5. Is there space, approximately the size of a fist, between the edge of the seatpan and the back of your knees?		
6. Is the top of the monitor at a comfortable height (<i>i.e. no tilting of the head back or downward</i>)?		
7. Is the monitor screen at a comfortable distance from your eyes when in use (<i>i.e. you don't have to lean forward or backward to see the text on the screen</i>)?		
8. Does your head and neck rest in a neutral position (<i>i.e. facing forward, chin slightly down, shoulders relaxed</i>)?		
B. Chair Adjustment		
1. Is the height of the chair adjusted to allow you to sit in a neutral position (<i>see your safety officer for a definition of this position</i>)?		
2. Is the backrest of your chair supporting the curve of your lower back so that your spine is slightly arched?		
C. Foot Support		
1. Are your feet comfortably on the floor or a footrest?		
2. If a footrest is used, does it allow you to sit in a correct neutral position at your work station? (<i>skip to D if a footrest is not used</i>)		
D. Video Display Terminal (VDT) Screen/ Monitor		
1. Is your monitor placed to avoid glare caused by light sources?		
2. Is your screen angle and/or brightness and contrast controls adjusted to reduce glare?		
3. Is your screen clean and free from dust and smudges?		
4. Is your screen adjusted for good image contrast and brightness?		

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E. Workspace Arrangement	Yes	No
1. Are materials and equipment accessed and/or used frequently typically positioned/placed within 16" of reach (comfort zone)?		
2. Are materials and equipment accessed and/or used less frequently typically positioned/placed within 16" to 24" of reach (secondary zone)?		
3. Are frequently used materials/equipment positioned so harmful postures and motions are eliminated?		
4. Are documents placed in the same visual plane as the screen face to reduce back and forth neck motions?		
5. Is the telephone placed within proper reach on side opposite from the writing hand (i.e., on the left side if right handed)?		
6. Are most of your reaching motions below shoulder height and/or above knee height?		
Caution: "No" responses to any questions may indicate a potential problem with your in-home workspace arrangement. Management may deny or rescind telework based on home safety or suspected hazards.		
VI. Acknowledgement		
<p>Since the State is ultimately responsible for insuring that employees have a safe work environment under Cal-OSHA (C.L.C. Section 6401.7(a)2), the Department of Child Support Services (DCSS) may require a safety inspection by a qualified health and safety inspector of a teleworker's home office space. If warranted, DCSS will provide 48-hour notice to the employee except in the case of an emergency.</p> <p>Home office safety re-certification will be required on an annual basis.</p> <p>I, _____ certify that my home office meets all the (Print Name) above requirements in the Safety Checklist/Acknowledgement.</p>		
Teleworker Signature: (Required)	Date:	
Supervisor/Manager Signature: (Required)	Date:	