SAFETY CHECKLIST - FLEXIPLACE PROGRAM
EMPLOYEE CERTIFICATION

Name: _____ Organization: _____

Address: _____ City and State: _____

Coordinator/Phone: _____ Home Telephone: _____

The following checklist is designed to assess the overall safety of the alternative worksite. Each participant must read and complete the self certification safety checklist. Upon completion, the checklist should be signed and dated by the participating employee and immediate supervisor. The alternative worksite is _____. Describe the designated work area _____.

		Yes	No
1.	Is the space free of asbestos-containing materials?	___	___
2.	If asbestos-containing material is present, is it undamaged and in good condition?	___	___
3.	Is the space free of indoor air quality problems?	___	___
4.	Is the space free of noise hazards (in excess of 85 decibels)?	___	___
5.	Is there a potable (drinkable) water supply?	___	___
6.	Is adequate ventilation present for the desired occupancy?	___	___
7.	Are lavatories available with hot and cold running water?	___	___
8.	Are all stairs with 4 or more steps equipped with handrails?	___	___
9.	Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?	___	___
10.	Do circuit breakers clearly indicate if they are in the open or closed position?	___	___
11.	Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, or exposed wires fixed to the ceiling)?	___	___
12.	Will the building's electrical system permit the grounding of electrical equipment?	___	___

		Yes	No
13.	Is the designated office space free of obstructions to permit visibility and movement?	___	___
14.	Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?	___	___
15.	Do chairs have any loose casters (wheels)?	___	___
16.	Are the rungs and legs of chairs sturdy?	___	___
17.	Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?	___	___
18.	Is the office space neat, clean, and free of combustibles?	___	___
19.	Are floor surfaces clean. dry, level, and free of worn or frayed seams?	___	___
20.	Are carpets well secured to the floor and free of frayed or worn seams?	___	___

_____ _____

Employee Signature Date

APPROVED/DISAPPROVED:

_____ _____

Immediate Supervisor's Signature Date

SPECIAL NOTE: Supervisors are encouraged to conduct an on-site inspection for any employee who indicates a serious problem area. Employees are responsible for informing their supervisor of any significant change.