Self-Certification Safety Checklist

Privacy Act Statement

Public Law 106-346, Section 359 and 5 USC 301 of the U.S. Code authorizes collection of this information. The principal purpose for requesting this information is to determine your eligibility to participate in the NAVSEA HQ/PEO Telework Program. Additional disclosures may be made, as necessary, to monitor your participation in the program. Disclosure may also be made to a Federal, State, or local law enforcement agency if NAVSEA becomes aware of a violation or possible violation of civil or criminal law; or to a Federal agency when conducting an investigation of your for employment or security reasons. Furnishing this information is voluntary. However, failure to do so will result in you not being granted an opportunity to participate in

NAVSEA HQ/PEO TELEWORK PROGRAM

The following Checklist is designed to assess the overall safety of the alternate worksite. The participating employee should complete the checklist and then sign and date it, and return the form to his or her Supervisor (and retain a copy for his or her own records).

1. Are temperature, noise, ventilation, and lighting levels adequate for maintaining your normal level of job performance? Yes ☐ No ☐

2. Is all electrical equipment free of recognized hazard that would cause physical harm (frayed wires, bare conductors, loose wires or fixtures, exposed wiring on the celling or walls)? Yes ☐ No ☐

3. Will the building's electrical system permit the grounding of electrical equipment (a three-prong receptacle)? Yes ☐ No ☐

4. Are aisles, doorways, and corners free of obstructions to permit visibility and movement? Yes ☐ No ☐

5. Are file cabinets and storage closets arranged so drawers and doors do not enter into walkways? Yes ☐ No ☐

6. Are phone lines, electrical cards, and surge protectors secured under a desk or alongside a baseboard? Yes ☐ No ☐

Employee Signature: _____ Date: _____

Name: _____ Organization: _____

Position: _____

Address: _____

Alternate Worksite Telephone : _____

Supervisor's Name: _____