



### ALTERNATE WORK LOCATION – SAFETY CHECKLIST

Name of Employee: \_\_\_\_\_ Department/Unit: \_\_\_\_\_

AWL Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

In conjunction with approved form AG-438, the employee and supervisor will review this checklist together to ensure steps have been taken to address the safety of the AWL when the location is provided and/or maintained by the employee.

**ALTERNATE WORK LOCATION (AWL):**

- The employee has a clearly defined workspace that is kept clean and orderly, with exits free of obstructions.
- The lighting is adequate for assigned tasks.
- Supplies and equipment (both department/unit-owned and employee-owned) are in good condition.
- Form AG-311, *Property Used Away From Assigned Location*, has been reviewed and signed, if applicable.
- The work area is well ventilated and heated for assigned tasks.
- Storage is organized to minimize risks of fire and spontaneous combustion.
- Cords, cables, or other items are placed in an orderly fashion to prevent a tripping hazard.
- Surge protectors are used for Texas A&M AgriLife electronics, including computers, fax machines, and printers.
- Heavy items are securely placed on sturdy stands close to walls.
- Computer components are kept out of direct sunlight and away from heaters.

**EMERGENCY PREPAREDNESS:**

- Emergency phone numbers (hospital, fire department, police department) are posted at the alternate work location.
- A first aid kit is easily accessible and replenished, as needed.
- Portable fire extinguishers are easily accessible and serviced, as needed.
- Office equipment, workspaces and common surfaces surrounding workspaces are disinfected, as needed.

**ERGONOMICS:**

- The work area (desk, chair, computer, and other equipment) is arranged comfortably and without unnecessary strain on the back, arms, neck, etc.

**OTHER SAFETY ITEMS:**

**COMMENTS:**

I have reviewed this Alternate Work Location Safety Checklist with my supervisor and have taken steps to ensure safety at my alternate work location. I understand this checklist is not all inclusive, and it is my duty as an employee of Texas A&M AgriLife to create and maintain a safe working environment at my alternate work location. I understand my supervisor/department head/unit head or designee may review my alternate work location with reasonable notice.

Signature of employee: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed this Alternate Work Location Safety Checklist with the employee referenced above.

Signature of supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

*(With a few exceptions, you have the right to request, receive, review, and correct information about yourself collected using this form.)*