



## ALTERNATE WORK LOCATION – SAFETY CHECKLIST

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

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:

The employee has clearly defined workspace that is kept clean and orderly.

The lighting is adequate for assigned tasks.

Exits are free of obstructions.

Supplies and equipment (both department/unit and employee-owned) are in good condition. The Inventory of Equipment form 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 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 PREPARADNESS:

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.

### ERGONOMICS:

The workstation (desk, chair, computer, and other equipment) is arranged to be comfortable 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: \_\_\_\_\_