



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: _____