

**Sandhills Community College**  
**Alternate Work Location Safety Attestation**

Instructions for employee: Maintaining a safe alternate work location is the teleworker's responsibility. This attestation must be completed by teleworkers at least once per year. Place a checkmark beside each item if it currently exists as described in your alternate work location. Questions regarding any item should be directed to your supervisor. Return completed and signed attestation to your supervisor. Supervisor will review this attestation and provide the employee with a fully executed copy.

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Agency/Division: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Work Location Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Physical Workspace**

- Alternate work location is away from noise, distractions, and is devoted to work needs.
- Alternate work location accommodates workstation, equipment, and related material.
- Floor, walkways, aisle(s), and doorway(s) are clear and free from miscellaneous household objects (books, paper, cords, and boxes) and other hazards that may impede an open path to exit.
- Flooring (carpet, vinyl, hardwood, etc.) is securely attached to floor and free of frayed or worn seams.
- Small rugs and runners are slip-resistant.
- Furniture (chair, desk, cabinet, bookcase, etc.) is stable and free of defects such as splintered wood or sharp edges that could compromise safety.
- Phone lines, cables, electrical cords, and other trip hazards are placed away from heat sources and foot traffic.
- File drawers do not open in walkways.
- File cabinets, bookcases, etc. are not top heavy and do not present a tipping hazard.
- Alternate work location is kept free of trash, clutter, and flammable liquids.
- Alternate work location is protected from physical or external threats such as severe weather or intruders.
- Adequate temperature control and ventilation are present.
- First Aid supplies stored close to workstation.
- Emergency phone numbers are readily available and stored in cell phone.

**Electrical Safety**

- Electrical system is adequate for office equipment.
- Electrical cords and cables are resting on the floor and not under rugs, carpeting, or furniture.
- Sufficient electrical outlets are accessible and close to equipment.
- Extension cord(s) are not in use.
- Computer/electrical equipment is plugged into a surge protector.
- Surge protector(s) are plugged directly into a wall outlet(s).
- Electrical plugs, cords, outlets, and panels are in good condition with no exposed/damaged wiring.
- Equipment is turned off when not in use.

**Ergonomics/Wellness**

- Lighting is sufficient for reading or working on the computer.
- Alternate work location (furniture, computer, monitor screen(s), etc.) is arranged to minimize glare from indoor or outdoor light sources.
- Chair is sturdy and free from safety defects i.e. loose wheels, legs, and other parts.
- Chair seat and backrest are supportive and adjustable to comfortable upright position.
- Chair is adjustable to allow seating with feet flat on ground and thighs parallel to floor.

**Sandhills Community College**  
**Alternate Work Location Safety Attestation**

- Chair armrests allow comfortable position to relax shoulders and arms in position close to body, operate keyboard at approximately elbow height, and keep hands, wrists, and forearms in straight line parallel to floor.
- Keyboard and mouse are situated at elbow level.
- Keyboard and mouse are positioned to eliminate reaching and allows wrist to be in straight, natural position.
- Height of work surface accommodates employee so that it does not contact top of employee's legs.
- Work surface accommodates all items (printer, stapler, and tape dispenser) needed to perform job duties.
- Topmost line of monitor screen is slightly below eye level. Monitor height set so that head tilting is not required for full viewing.

**Information Safety/Security**

- Adherence to State of North Carolina and individual agency/work unit Acceptable Use Policy.
- Timely installation of State IT updates to all agency/work unit assigned equipment.
- Log off from computer when not present at alternate work location.
- Lock up paper files with confidential information.
- Log in to agency VPN at least weekly to run regular scans and ensure anti-virus software and virus definitions are updated.
- Files and data are secure.
- Materials and equipment are stored in a secure place protected from damage and misuse.
- Inventory of all equipment including serial numbers is maintained.

**Fire/Emergency Safety**

- Identify safe shelter location within alternate work location to evacuate to in event of severe weather threat.
- Sign-up for severe weather alerts from government/media sources via email or text for alternate work location.
- Maintain contingency plan to work elsewhere in event of power outage.
- Maintain primary and alternate evacuation plan for emergency exit in event of a fire.
- Multi-use fire extinguisher, which employee knows how to use, is readily available.
- Working smoke detector and carbon monoxide detector are present in alternate work location area.
- All radiators and portable heat source(s) are located away from combustible and flammable items.
- Staircases that must be travelled while working are well lit, free from obstruction, and allow for secure footing on each step.

I, \_\_\_\_\_, attest as follows:  
(Print Employee Name)

- a. I understand the contents of each item listed above and attest that my alternate work location complies with all checked items.
- b. I will contact my supervisor if I have any concerns regarding ergonomics or alternate work location safety issues.
- c. I will maintain my alternate work location including all items checked on the above list while teleworking.
- d. I will immediately provide written notice to my supervisor of any change in location or condition of my alternate work location.
- e. I will utilize the same safety rules and habits applicable to my duty station whenever at my alternate work location.
- f. I will follow usual agency procedures for immediate reporting of work-related illness or injury occurring at alternate work location.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Supervisor Signature)

\_\_\_\_\_  
(Date)