



# TELEWORK OHS CHECKLIST

**Please save form and open with Adobe to complete.**

## OVERVIEW AND INSTRUCTIONS

### Overview

The Telework OHS Checklist identifies the health and safety requirements for a telework location. It assists employees and their supervisors to ensure the set-up of a healthy and safe working environment. The checklist is not intended to cover all existing hazards but is intended to provide a list of common potential hazards that should be considered and mitigated.

### Instructions

The checklist must be completed by the employee requesting the telework arrangement and submitted to their supervisor for review.

If “no” is the answer to any of the statements in the checklist, the supervisor and employee must discuss the matter and complete CNA’s Hazard Recognition Evaluation and Control (HREC) Form to consider and document reasonable and practical means to eliminate or control the hazard(s). If a hazard still exists, the supervisor must discuss the issue with the Manager of Occupational Health and Safety. All corrective actions must be completed to the satisfaction of the employer prior to approval of the telework arrangement. If the hazard cannot be mitigated to the employer’s satisfaction, the telework arrangement will not proceed.

The completed checklist, and HREC Form, is to be attached to the telework application.

## PART 1 of 3: EMPLOYEE TO COMPLETE

<b>Telework OHS Checklist</b>	<b>Yes</b>	<b>No</b>
1. The designated workplace accommodates the work equipment, materials and workstation.		
2. The desk, chair and other workstation accessories are suitable to the needs of the employee.		
3. Computer furniture, shelves, cabinets and bookcases are sturdy and properly installed (e.g., anchored to the wall, if necessary).		
4. File cabinets are properly filled (e.g., avoiding full top drawers with empty or partially filled bottom drawers which can cause the cabinet to tip over).		
5. Stairs in your workplace with four or more steps are equipped with handrail(s).		



<b>Telework OHS Checklist</b>	<b>Yes</b>	<b>No</b>
6. The workplace floor, walkways, doorways or entries, etc. are in good condition, unobstructed and free of slip and trip hazards from work materials, frayed or wrinkled carpets, etc.		
7. Paper materials, flammables, etc. in the workplace are stored safely away from heat sources.		
8. Smoke and carbon monoxide (if required) detectors are in good working order and are properly placed.		
9. Smoke and carbon monoxide (if required) detectors are maintained and checked periodically (e.g., at least twice per year).		
10. The workplace has a home, multi-use fire extinguisher which is charged and accessible.		
11. All hazardous products are properly stored to prevent accidental exposure.		
12. The workplace has a Type 1: <a href="#">Personal first aid kit</a> .		
13. Lighting is sufficient for the tasks being performed.		
14. Ventilation and room temperature can be controlled.		
15. Excessive noise does not affect the work area.		
16. Path to all exit(s) is reasonably direct.		
17. Path to the exit(s) is sufficiently wide (allows for easy thoroughfare) and free of obstructions (both inside and outside of the workspace).		
18. Security is sufficient to prevent unauthorized entry.		
19. The fixed electrical components (outlets, switches, etc.) are in good condition, for example there is no damage or signs of arcing/scorching.		
20. The workplace has a sufficient number of electrical outlets available for office equipment (e.g., electrical outlets are not overloaded) and these outlets are grounded.		
21. The work equipment is directly connected to a surge protector that is directly connected to a power outlet.		
22. Cords and cables are safely positioned and do not pose tripping hazards.		
23. The electrical plugs, cords and outlets are visually in good condition and positioned properly.		
24. There is sufficient ventilation for electrical equipment.		
25. The workplace is within 30 minutes driving distance from a health care facility providing emergency services or an ambulance base location (driving distance under normal traffic and road conditions and at posted speeds).		

## PART 2 of 3: EMPLOYEE ACKNOWLEDGEMENT AND SIGNATURE

Employee to complete the following and sign below:

I have examined the proposed telework location utilizing the Telework OHS Checklist.

I agree to maintain a designated work space that meets the employer's workplace occupational health and safety standards.

I agree to complete an assessment of my telework workstation set-up as per CNA's Ergonomic Self-Assessment Checklist and to submit the completed assessment to my supervisor and the OHS Office via [ohs@cna.nl.ca](mailto:ohs@cna.nl.ca) within one week of commencing the telework arrangement.

I understand how to report workplace incidents/injuries and will ensure the prompt reporting of any workplace incident/injury and to make my home available for an incident investigation, if necessary.

I agree to fulfill all safety measures set out in CNA's Working Alone procedure.

I agree that no business or client meetings will be physically held in the telework location.

I agree to cooperate with telework location (on-site) safety inspections, as required.

I agree to alert the employer if there is any change in circumstances that could create an unreasonable risk of injury or harm due to hazards that might arise subsequent to the completion and sign-off of the Telework OHS Checklist.

I agree to complete all required health and safety training as identified (e.g., first aid training).

The information I have provided is accurate and complete.

Employee's Name:	
Position:	
Department:	
Building/Campus:	
<hr/>	
Employee's Signature	Date

### PART 3 of 3: SUPERVISOR ACKNOWLEDGEMENT AND SIGNATURE

Supervisor to select **one** of the following:

I have reviewed and discussed the completed Telework OHS Checklist with the employee. No hazards have been identified at this time (*please proceed to sign below*).

I have reviewed and discussed the completed Telework OHS Checklist with the employee. All identified hazards have been assessed using **CNA's Hazard Recognition, Evaluation and Control (HREC) Form** and all corrective actions have been completed to the satisfaction of the employer (*please proceed to sign below*).

**NOTE: The supervisor must not sign below until all corrective action(s) identified on the HREC Form have been completed to the satisfaction of the employer.**

Please note, this form will be locked for editing when supervisor signature is applied.

Supervisor's Name:	
Position:	
Department:	
Building/Campus:	
Supervisor's Comments:	
<hr/> Supervisor's Signature	<hr/> Date