

Teleworking Safety and Security Checklist

Teleworker Name	
Address	
Phone Number	
Virtual Teleworking Assessment Date <ul style="list-style-type: none"> • Time In • Time Out 	
Tentative Roll-Out Effective Date	

Type of Teleworking Assessment:

- | | | |
|--|----------------------------------|---------------------------------|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Virtual | <input type="checkbox"/> Onsite |
| <input type="checkbox"/> Follow-Up/Unannounced | <input type="checkbox"/> Virtual | <input type="checkbox"/> Onsite |

Employee requesting a teleworking arrangement must complete the checklist below. A “YES” response is confirmation of a safe and secure work environment. Any “NO” response should be remediated prior to starting a teleworking arrangement. For any “NO” response, employee assumes all liability that results from a decision not to remediate a deficiency. The employee acknowledges this liability by signing below.

YES	NO	SECURITY
		Are teleworking materials and equipment in a secure and safe workplace that can be protected from theft, damage or misuse?
		Are teleworking materials and equipment in a room with a locked door to protect confidentiality and security of PHI and computer systems?
		If teleworking materials and equipment are not in room with a locked door, does the teleworker have computer privacy screens in place?
		ELECTRICAL PROTECTION
		Are all outlets properly grounded?
		Are all phone lines, electrical, and other cords safely secured and out of the way?
		Are electrical cords free of any defects or fraying?
		Is the computer equipment connected to a surge protector?
		Ethernet cable connecting main router to workspace (MANDATORY)?
		FIRE PROTECTION

		Is a fire extinguisher readily available and full at all times? <i>(must be replaced every five (5) years)</i>
		Is the fire extinguisher fully charged and operable?
		Is there a smoke detector within hearing distance of the workspace?
		Are the smoke detectors' batteries or other power supplies checked regularly?
		LIABILITY
		Does the homeowner or renters' insurance cover business use in teleworking location?
		WORKSPACE
		Is the workspace clean and orderly?
		SAFETY
		Are there enough exits at the teleworking site to allow prompt escape?
		Does teleworker have easy access to exits?

Teleworker Acknowledgement:

By signing below, I certify that I have read and accurately completed this teleworking assessment. I agree to correct the deficiencies above and maintain a safe and secure teleworking environment. I am liable for any injury that occurs to me or the equipment I am using as a result of my failure to maintain a safe and secure teleworking environment.

Teleworker's Signature

Date

**My electronic signature is acceptance of the terms and conditions of this Teleworking Safety and Security Checklist*

Teleworker's Printed Name

Auditor Acknowledgement:

By signing below, I certify that I have reviewed any safety and security concerns with the teleworker and the teleworker agrees to correct any deficiency or accept liability for any injury or property damage that results from not maintaining a safe and secure teleworking environment.

Auditor's Signature

Date

Auditor's Printed Name