**Telecommuting Office Space Review Checklist**

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Employees who telecommute must have their office space inspected annually in order to confirm they have a confidential, private work space and the ability to secure confidential information.

Please check one of the choices: This review was completed on-site\_\_\_\_\_\_ or virtually \_\_\_\_\_\_.

All Telecommuters

1. Is there a space for the employee to set up their computer, files, and other equipment and documents to complete their job duties? \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is all confidential information (files, documents, records) kept in a cabinet or other space that can be locked and safely secured? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Is the employee able to have private conversations and video meetings without interruption from others who live in or visit the telecommuting location? \_\_\_\_\_\_\_
4. Does the employee have internet capacity at the remote location sufficient to perform all tasks, according to contemporary standards? \_\_\_\_\_\_\_\_\_\_ What speed? \_\_\_\_\_\_\_\_\_\_
5. Is the space free of tripping hazards? (ex. loose extension cords, items on the floor) \_\_\_\_\_\_\_\_\_\_
6. Is there a working smoke detector within 1 room of the work space?\_\_\_\_\_\_
7. Is there adequate light in the space?\_\_\_\_\_\_
8. Does the workspace accommodate the ergonomic needs of the employee?
9. List all dLCV equipment the employee is using at their telework location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Does the employee have all of the equipment they need to perform their duties? \_\_\_\_\_\_\_
11. Is the employee requesting any additional equipment to use at their telecommuting location? \_\_\_\_\_\_\_ If yes, list requested equipment here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Time Telecommuters

1. Does the employee have a separate office space dedicated to performing their job? \_\_\_\_\_\_\_\_\_
2. Is the employee requesting reimbursement for internet usage? \_\_\_\_\_\_\_\_\_\_ What percentage?\_\_\_\_\_\_\_\_

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The information provided is this checklist is accurate to the best of my knowledge.

Staff Completing Inspection Date

I have reviewed the completed telecommuter inspection report and agree with the information listed.

Staff name Date

This document is valid through October 2020.