



Telework is a great solution for dealing with inclement weather or sick employees. As flu season and winter weather approach, start thinking about implementing telework guidelines in the workplace *before* you need them, so that when unusual circumstances arise, you're prepared.

This quick-fix Telework Toolkit contains four basic documents that will help you prepare to have employees work from home. They are:

- A **Telework Screening Survey** that will identify good telework candidates (not every job is suitable for teleworking),
- A **Sample Telework Agreement** to help you get guidelines for teleworkers down in writing,
- The U.S. Department of Labor's **OSHA Instruction for Home-based Worksites** and,
- An **Ergonomic Checklist** that workers can use to evaluate their home workspaces.

This kit is meant to be a starting place for you to establish a telework program at your business. The Denver Regional Council of Governments' RideArrangers program can provide you with the services of an experienced telework coordinator to guide you through the process. From gaining management buy-in, to writing guidelines specific to your business, to evaluating the program's success, DRCOG staff assists at every level, free of charge. To schedule your telework consultation, call 303-458-7665.



# Employee Telework Screening Survey

Each employee interested in participating in COMPANY's teleworking program must complete this screening survey. When you have finished completing this survey, please give it to your supervisor. Your supervisor will complete the second half of this form, the "Supervisor Telework Screening Survey." If your supervisor approves you for teleworking, your supervisor will then share it with your division director who will make the final decision about your ability to telework.

Employee Name \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Department \_\_\_\_\_

1. Please describe your current job tasks. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Please rate each of the following characteristics as high (H), medium (M), or low (L) by placing the appropriate letter in each blank.

## Your Work Characteristics

*Please rate the following according to your existing job requirements and characteristics.*

- \_\_\_\_\_ Amount of face-to-face contact required
- \_\_\_\_\_ Degree of telephone communications required
- \_\_\_\_\_ Autonomy of operation
- \_\_\_\_\_ Ability to control and schedule work flow
- \_\_\_\_\_ Amount of in-office reference material required

## Your Personal Characteristics

*Please rate the following according to your own characteristics as an employee, and as a teleworker.*

- \_\_\_\_\_ Need for supervision, frequent feedback
- \_\_\_\_\_ Importance of co-workers' input to work function
- \_\_\_\_\_ Discipline regarding work
- \_\_\_\_\_ Desire/need to be around people
- \_\_\_\_\_ Level of job knowledge
- \_\_\_\_\_ Quality of work

3. What kinds of work do you expect to do while teleworking? (Select as many as apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Writing/typing                        | <input type="checkbox"/> Research               |
| <input type="checkbox"/> Word processing                       | <input type="checkbox"/> Talking on the phone   |
| <input type="checkbox"/> Data management/ computer programming | <input type="checkbox"/> Email                  |
| <input type="checkbox"/> Administrative                        | <input type="checkbox"/> Field visits           |
| <input type="checkbox"/> Reading                               | <input type="checkbox"/> Thinking/planning      |
|  | <input type="checkbox"/> Other (please specify) |
|  | _____   |

4. Do you have adequate space in your home to dedicate to working?

- Yes                       No

5. Are there any distractions/obligations that will make working at home difficult or impossible?

- Yes                       No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Supervisor Telework Screening Survey

If you approve your employee's request to begin teleworking, please complete this questionnaire. Upon completion of the Supervisor Telework Screening Survey, please forward this entire document to your division director.

Supervisor Name \_\_\_\_\_

Employee Name \_\_\_\_\_

1. Is this employees' job responsibilities, as they currently exist, or with reasonable modifications, suitable to teleworking on a part-time basis?

Yes \_\_\_\_\_

No \_\_\_\_\_ Please explain why: \_\_\_\_\_

\_\_\_\_\_

2. Please describe the kind of work this employee does: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Please rate each characteristic as high (H), medium (M), or low (L) by placing the appropriate letter in each blank.

### Employees' Work Characteristics

- \_\_\_\_\_ Amount of face-to-face contact required
- \_\_\_\_\_ Degree of telephone communications required
- \_\_\_\_\_ Autonomy of operation
- \_\_\_\_\_ Ability to control and schedule work flow
- \_\_\_\_\_ Amount of in-office reference material required

### Employee's Personal Characteristics

- \_\_\_\_\_ Need for supervision, frequent feedback
- \_\_\_\_\_ Importance of co-workers' input to work function
- \_\_\_\_\_ Discipline regarding work
- \_\_\_\_\_ Desire/need to be around people
- \_\_\_\_\_ Level of job knowledge
- \_\_\_\_\_ Quality of work

**Supervisor Characteristics**

*Based on your attitude towards teleworking and work style, please rate the following.*

- Positive attitude toward teleworking
- Trust employee's ability to telework
- Ability to establish clear objectives
- Ability to communicate with employees

4. What criteria do you use to evaluate your employee's work? (For example: quality of work, quantity of work, timeliness, etc. Please be specific.) \_\_\_\_\_

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5. What kinds of work would you expect him/her to do while teleworking? (Select as many as apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Writing/typing                       | <input type="checkbox"/> Research               |
| <input type="checkbox"/> Word-processing                      | <input type="checkbox"/> Talking on the phone   |
| <input type="checkbox"/> Data management/computer programming | <input type="checkbox"/> Email                  |
| <input type="checkbox"/> Administrative                       | <input type="checkbox"/> Field visits           |
| <input type="checkbox"/> Reading                              | <input type="checkbox"/> Thinking/planning      |
|   | <input type="checkbox"/> Other (please specify) |

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## Division Director Telework Screening Survey

One of your employees has requested to become a teleworker. In order to proceed, this employee must have your approval. The employee and supervisor selection surveys presented in this document are intended to help you make the decision to either allow this employee to start teleworking or deny their request. Upon review and with the aid of further discussion with this employee's direct supervisor and with the employee, as necessary, please indicate your decision below and forward this entire document to the COMPANY Telework Coordinator, COORDINATOR NAME by DATE.

I approve \_\_\_\_\_ (Employees' name) request to telework.

I deny \_\_\_\_\_ (Employee's name) request to telework.

If a telework request is denied, per COMPANY telework policies, arrangements will be made to discuss this decision with the employee, the employee's supervisor and the HR Manager.

Division Director Name \_\_\_\_\_

Signature \_\_\_\_\_

# Sample

## Teleworker Agreement

This Agreement, effective \_\_\_\_\_, is between \_\_\_\_\_, an employee (referred to as "Employee") and \_\_\_\_\_ (referred to as "Employer").

The parties, intending to be legally bound, agree as follows:

**Scope of Agreement** - Employee agrees to perform services for Employer as "teleworker." Employee agrees that teleworking is voluntary and may be terminated at any time, by either the Employee or Employer, with or without cause.

**Term of Agreement** - This Agreement shall become effective as of the date written above, and shall remain in full force and effect, as long as Employee teleworks, unless the agreement is terminated.

**Termination of Agreement** - Employee's participation as a teleworker is entirely voluntary. Teleworking is available only to eligible employees, at Employer's sole discretion. Teleworking is not an employee benefit intended to be available to the entire organization. As such, no employee is entitled to, or guaranteed the opportunity to, telework. Either party may terminate Employee's participation in the program, with or without cause, upon reasonable notice, in writing, to the other party. Employer will not be held responsible for costs, damages or losses resulting from cessation of participation in the teleworking program. This Agreement is not a contract of employment and may not be construed as such.

**Salary, Job Responsibilities, Benefits** – Salary, job responsibilities, and benefits will not change because of involvement in the program, except as they might have changed had Employee stayed in the office full-time, e.g., regular salary reviews will occur as scheduled, and Employee will be entitled to any company-wide benefits changes that may be implemented. Employee agrees to comply with all existing job requirements as now are in effect in the office.

**Work hours, Overtime, Vacation** - Work hours are not expected to change during the program. In the event that overtime is anticipated, this must be discussed and approved in advance with the manager, just as any overtime scheduling would normally have to be approved.

**Work Schedule** - The daily work schedule for telework days is subject to negotiation with and approval by Employee's manager. The manager may require that Employee work certain "core hours" and be accessible by telephone during those hours.

**Equipment** - Employer may provide the necessary computer, modem, software, and other equipment needed for teleworking. All of these items remain the property of the company and must be returned to the company upon request. The computer, modem, software, and any other equipment or supplies provided by Employer are provided for use on company assignments. Other household members or anyone else should not use the equipment and software. Company-owned software may not be duplicated except as formally authorized. Employer will be responsible for insurance and maintenance of all company-provided materials.

Employee may use personal equipment for teleworking purposes. In such cases, Employee will be responsible for the maintenance and insurance required for the equipment.

**Workspace** - Employee agrees to designate a workspace within Employee's remote work location for placement and installation of equipment to be used while teleworking. Employee agrees to maintain this workspace in a safe condition, free from hazards and other dangers to Employee and equipment. Employer must approve the site chosen as Employee's remote workspace. Employee is expected to submit three photos of the home workspace to management prior to implementation.

Any company materials taken home should be kept in the designated work area at home and not be made accessible to others.

Employee agrees that Employer can make on-site visits (with 48 hours advance notice) to the remote work location for the purpose of determining that the site is safe and free from hazards, and to maintain, repair, inspect, or retrieve company-owned equipment, software, data or supplies. In the event that legal action is required to regain possession of company-owned equipment, software, or supplies, Employee agrees to pay all costs incurred by Employer, including attorney's fees, should Employer prevail.

**Office Supplies** - Office supplies will be provided by Employer as needed. Employee's out-of-pocket expenses for other supplies will not be reimbursed unless by prior approval of Employee's manager.

**Worker's Compensation** - Employer will be responsible for any work-related injuries under our state's Workers Compensation laws, but this liability is limited to injuries resulting directly from work and only if the injury occurs in the designated work area. Any claims will be handled according to the normal procedure for Worker's Compensation claims.

**Liability for Injuries** - Employee understands that the Employee remains liable for injuries to third persons and/or members of Employee's family on Employee's premises. Employee agrees to defend, indemnify and hold harmless Employer,



its affiliates, employees, contractors and agents, from and against any and all claims, demands or liability (including any related losses, costs, expenses, and attorney fees) resulting from, or arising in connection with, any injury to persons (including death) or damage to property caused, directly or indirectly, by the services provided herein by Employee or by Employee's willful misconduct, negligent acts or omissions in the performance of the Employee's duties and obligations under this Agreement, except where such claims, demands, or liability arise solely from the gross negligence or willful misconduct of the Employer.

**Dependent Care** - Teleworking is not a substitute for dependent care. Teleworkers will not be available during company core hours to provide dependent care.

**Income Tax** - It will be the Employee's responsibility to determine any income tax implications of maintaining a home office area. Employer will not provide tax guidance nor will Employer assume any additional tax liabilities. Employees are encouraged to consult with a qualified tax professional to discuss income tax implications.

**Evaluation** - Employee agrees to participate in all studies, inquiries, reports and analyses relating to this program.

Employee remains obligated to comply with all of Employer's rules, practices, instructions and this Agreement. Employee understands that violation of any of the above may result in preclusion from teleworking.

I have read and understand this agreement and accept its conditions.

EMPLOYEE \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYEE MANAGER \_\_\_\_\_ DATE \_\_\_\_\_

PROGRAM DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

# **Sample**

## **Telework Program Policy**

Teleworking, or telecommuting, is the concept of working from home or another location on a full- or part-time basis. Teleworking is not a formal, universal employee benefit. Rather, it is an alternative method of meeting the needs of the company. The company has the right to refuse to make teleworking available to an employee and to terminate a teleworking arrangement at any time. Employees are not required to telework. Employees have the right to refuse to telework if the option is made available.

The company's policies for teleworking are as follows:

### **Compensation and Work Hours**

The employee's compensation, benefits, work status and work responsibilities will not change due to participation in the teleworking program.

The amount of time the employee is expected to work per day or pay period will not change as a result of participation in the teleworking program.

### **Eligibility**

Successful teleworkers have the support of their supervisors. Employees will be selected based on the suitability of their jobs, an evaluation of the likelihood of their being successful teleworkers, and an evaluation of their supervisor's ability to manage remote workers. Each department will make its own selections.

Upon acceptance to the program both the employee and manager will be expected to complete a training course designed to prepare them for the teleworking experience. All teleworkers must sign an agreement.

### **Equipment/Tools**

The company may provide specific tools/equipment for the employee to perform his/her current duties. This may include computer hardware, computer software, phone lines, email, voice-mail, connectivity to host applications, and other applicable equipment as deemed necessary.

The use of equipment, software, data supplies and furniture when provided by the company for use at the remote work location is limited to authorized persons and for purposes relating to company business. The company will provide for repairs to company equipment. When the employee uses her/his own equipment, the employee is responsible for maintenance and repair of equipment.

A loaner laptop may be provided when available. Loaner computers will vary in performance and configuration. Loaners must be returned upon request.

### **Workspace**

The employee shall designate a workspace within the remote work location for placement and installation of equipment to be used while teleworking. The employee shall maintain this workspace in a safe condition, free from hazards and other dangers to the employee and equipment. The company must approve the site chosen as the employee's remote workspace. Employee is expected submit three photos of the home workspace to management prior to implementation.

Any company materials taken home should be kept in the designated work area at home and not be made accessible to others.

The company has the right to make on-site visits (with 48 hours advance notice) to the remote work location for purposes of determining that the site is safe and free from hazards, and to maintain, repair, inspect, or retrieve company-owned equipment, software, data or supplies.

### **Office Supplies**

Office supplies will be provided by the company as needed. Out-of-pocket expenses for other supplies will not be reimbursed unless by prior approval of the employee's manager.

### **Worker's Compensation**

During work hours and while performing work functions in the designated work area of the home, teleworkers are covered by worker's compensation.

### **Liability**

The employee's home workspace will be considered an extension of the company's workspace. Therefore, the company will continue to be liable for job-related accidents that occur in the employee's home workspace during the employee's working hours.

The company will be liable for injuries or illnesses that occur during the employee's agreed-upon work hours. The employee's at-home work hours will conform to a schedule agreed upon by the employee and his or her supervisor. If such a schedule has not been agreed upon, the employee's work hours will be assumed to be the same as before the employee began teleworking.

The company assumes no liability for injuries occurring in the employee's home workspace outside the agreed-upon work hours.

The company is not liable for loss, destruction, or injury that may occur in or to the employee's home. This includes family members, visitors, or others that may become injured within or around the employee's home.

### **Dependent Care**

Teleworking is not a substitute for dependent care. Teleworkers will not be available during company core hours to provide dependent care.

### **Income Tax**

It will be the employee's responsibility to determine any income tax implications of maintaining a home office area. The company will not provide tax guidance nor will the company assume any additional tax liabilities. Employees are encouraged to consult with a qualified tax professional to discuss income tax implications.

### **Communication**

Employees must be available by phone and email during core hours. All client interactions will be conducted on a client or company site. Participants will still be available for staff meetings, and other meetings deemed necessary by management.

The company will pay work-related voice and data communication charges

### **Evaluation**

The employee shall agree to participate in all studies, inquiries, reports and analyses relating to this program.

The employee remains obligated to comply with all company rules, practices and instructions.

# Sample

## Teleworker's Assignment

Teleworking, or working from another location such as home or an office close to home, is an assignment that the company may choose to make available to some employees when a mutually beneficial situation exists.

Teleworking is not an employee benefit, but rather an alternative method of meeting the needs of the company. Employees do not have a "right" to telework. The arrangement can be terminated by either the employee or the company at any time.

Conditions for teleworking agreed upon by the teleworker and his/her supervisor:

1. The employee agrees to work at the following location:

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2. The employee will telework \_\_\_\_\_ days per week.

3. The employee's work hours will be from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

4. The following are the typical assignments to be worked on by the employee at the remote location:

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5. The following equipment will be used by the employee at the remote location:

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6. The employee agrees to call the central office to retrieve his/her phone messages at least \_\_\_\_\_ times per day.

7. The employee agrees to get all supplies needed for teleworking from the company office. Reimbursement for out-of-pocket expenses for supplies will need prior supervisory approval.

8. Additional conditions agreed upon by the telemanager and teleworker are as follows:

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I have reviewed the teleworker's assignment with \_\_\_\_\_  
prior to his/her participation in the company's telework program.

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Date

Supervisor Name

Signature



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Directives

**CPL 02-00-125 - CPL 2-0.125 - Home-Based Worksites.**

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- **Record Type:** Instruction
- **Directive Number:** CPL 02-00-125
- **Old Directive Number:** CPL 2-0.125
- **Title:** Home-Based Worksites.
- **Information Date:** 02/25/2000



# OSHA INSTRUCTION

U.S. DEPARTMENT OF LABOR

Occupational Safety and Health Administration

**DIRECTIVE NUMBER:** CPL 2-0.125

**EFFECTIVE DATE:** February 25, 2000

**SUBJECT:** Home-Based Worksites

## ABSTRACT

- Purpose:** This instruction provides guidance to OSHA's compliance personnel about inspection policies and procedures concerning worksites in an employee's home. This instruction supersedes all previous statements and guidance on the subject.
- Scope:** OSHA-wide
- References:** OSHA Instruction CPL 2.103, Field Inspection Reference Manual (FIRM)  
OSHA Instruction CPL 2.115, Complaint Policies and Procedures;  
OSHA Instruction STP 2.22A, State Plan Policies and Procedures Manual.
- State Impact:** State Adoption not Required, See Section IV.
- Action Offices:** National, Regional, and Area Offices.
- Originating Office:** Directorate of Compliance Programs.

**Contact:** William J. Smith or  
Helen Rogers (202-693-1850)  
Directorate of Compliance Programs  
Frances Perkins Building, N-3603  
200 Constitution Avenue, NW  
Washington, DC 20210

By and Under the Authority of  
Charles N. Jeffress  
Assistant Secretary

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- I. Purpose. This instruction provides guidance to OSHA's compliance personnel about inspection policies and procedures concerning worksites in an employee's home. This instruction supersedes all previous statements and guidance on the subject.
  - II. Scope. This instruction applies OSHA-wide.
  - III. References.
    - OSHA Instruction CPL 2.103, Field Inspection Reference Manual (FIRM);
    - OSHA Instruction CPL 2.115, Complaint Policies and Procedures;
    - OSHA Instruction STP 2.22A, State Plan Policies and Procedures Manual (SPM).
  - IV. Federal Program Change. This instruction describes a Federal Program Change for which State adoption is not required.

NOTE: In order to effectively enforce safety and health standards, guidance to compliance staff is necessary. Therefore, although adoption of this instruction is not required, States are expected to have enforcement policies and procedures which are at least as effective as those of Federal OSHA.
  - V. Action Offices.
    - A. Responsible Office. Directorate of Compliance Programs.
    - B. Action Offices. Regional, Area, and District Offices and State Plan States.
    - C. Information Offices. Consultation Project Offices.



#### VI. Action.

OSHA Regional Administrators, Area Directors, and National Office Directors will ensure that the policies and procedures regarding employee home-based worksites set forth in this instruction are followed.

#### VII. Definitions.

- A. **Home-Based Worksite:** The areas of an employee's personal residence where the employee performs work of the employer.
- B. **Home Office:** Office work activities in a home-based worksite (e.g., filing, keyboarding, computer research, reading, writing). Such activities may include the use of office equipment (e.g., telephone, facsimile machine, computer, scanner, copy machine, desk, file cabinet).

#### VIII. Background.

The Department of Labor strongly supports telecommuting and telework. Family-friendly, flexible and fair work arrangements, including telecommuting, can benefit individual employees and their families, employers, and society as a whole.

The purpose of the Occupational Safety and Health Act of 1970 (OSH Act) is to "assure so far as possible every working man and woman in the Nation safe and healthful working conditions...." (Section 2(b)). The OSH Act applies to a private employer who has any employees doing work in a workplace in the United States. It requires these employers to provide employment and a place of employment that are free from recognized, serious hazards, and to comply with OSHA standards and regulations (Sections 4 and 5 of the OSH Act). By regulation, OSHA does not cover individuals who, in their own residences, employ persons for the purpose of performing domestic household tasks.

OSHA respects the privacy of the home and has never conducted inspections of home offices. While respecting the privacy of the home, it should be kept in mind that certain types of work at home can be dangerous/hazardous. Examples of such work from OSHA's past inspections include: assembly of electronics; casting lead head jigs for fishing lures; use of unguarded crimping machines; and handling adhesives without protective gloves.

#### IX. Policy for Home Offices.

OSHA will not conduct inspections of employees' home offices.

OSHA will not hold employers liable for employees' home offices, and does not expect employers to inspect the home offices of their employees.

If OSHA receives a complaint about a home office, the complainant will be advised of OSHA's policy. If an employee makes a specific request, OSHA may informally let employers know of complaints about home office conditions, but will not follow-up with the employer or employee.

#### X. Policy for Other Home-Based Worksites.

OSHA will only conduct inspections of other home-based worksites, such as home manufacturing operations, when OSHA receives a complaint or referral that indicates that a violation of a safety or health standard exists that threatens physical harm, or that an imminent danger exists, including reports of a work-related fatality.

The scope of the inspection in an employee's home will be limited to the employee's work activities. The OSH Act does not apply to an employee's house or furnishings.

Employers are responsible in home worksites for hazards caused by materials, equipment, or work processes which the employer provides or requires to be used in an employee's home.

If a complaint or referral is received about hazards at an employee's home-based worksite, the policies and procedures for conducting inspections and responding to complaints as stated in OSHA Instruction CPL 2.103 (the FIRM) and OSHA Instruction CPL 2.115, will be followed, except as modified by this instruction.

#### XI. Other Requirements.

Employers who are required, because of their size or industry classification, by the OSH Act to keep records of work-related injuries and illnesses, will continue to be

responsible for keeping such records, regardless of whether the injuries occur in the factory, in a home office, or elsewhere, as long as they are work-related, and meet the recordability criteria of 29 CFR Part 1904.

Other than clarifying the policy on inspections and procedures concerning home-based worksites, this instruction does not alter or change employers' obligations to employees.

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Occupational Safety & Health Administration  
200 Constitution Avenue, NW  
Washington, DC 20210

## Sample Telework Office Checklist

**Use this checklist as a guide for setting up your telework office. Ideally, you should be able to answer "yes" to all questions.**

- 1 - Is the workstation deep enough to accommodate the monitor and keyboard directly in front of the user?.....  Yes  No
- 2 - Does the workstation provide sufficient leg room (depth and width), so there are no obstructions for knees, legs, shins or thighs?.....  Yes  No
- 3 - Are the mouse (or other pointing device) and keyboard able to be positioned on the same level?.....  Yes  No
- 4 - Is there adequate room for the monitor to be positioned 16 to 29 inches from the user's eyes?.....  Yes  No
- 5 - Can the monitor be raised or lowered to accommodate the correct viewing height (uppermost line of the document at or slightly below the user's eyes)?.....  Yes  No
- 6 - Is the chair stable (with a five-point base)?.....  Yes  No
- 7 - Does the chair adjust in height?.....  Yes  No
- 8 - Is there at least 3 inches between the front edge of the chair and the back of your knees when sitting back in the chair?.....  Yes  No
- 9 - Does the chair provide lower-back support?
- 10 - Are your feet flat on the floor or on a footrest when sitting back in the chair?.....  Yes  No
- 11 - Are your forearms, wrists, etc. free from contact with hard, sharp edges?.....  Yes  No
- 12 - Do you use a document holder when you key from documents?.....  Yes  No
- 13 - Is there adequate light for viewing the monitor and reading printed materials?.....  Yes  No
- 14 - Is the monitor screen positioned so there's no glare?.....  Yes  No
- 15 - Do you avoid clutching the phone receiver between your ear and shoulder?.....  Yes  No
- 16 - Are aisles and doorways free of obstructions?.....  Yes  No
- 17 - Are all phone lines, electrical, and other cords tied up and kept out of the way?.....  Yes  No
- 18 - Is all electrical equipment in good working condition?.....  Yes  No
- 19 - Are electrical cords in good condition?.....  Yes  No