



Alternate Work Location Safety and Security Checklist

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact ocrm@tamu.edu or 979.862.4027.

INSTRUCTIONS This form should be used to ensure steps have been taken to address the safety and security of the employee and of university owned equipment issued in accordance with SAP 33.06.01.M0.01, if applicable.

Employee Name	Title	UIN
Department	AWL Location	

Alternate Work Location

- The employee has clearly defined workspace that is kept clean and orderly.
- The lighting is adequate for assigned tasks.
- Exits are free of obstructions.
- Supplies and equipment (both departmental and employee-owned) are in good condition.
- The work area is well ventilated and heated for assigned tasks.
- Storage is organized to minimize risks of fire and spontaneous combustion.
- Cords, cable or other items are placed in an orderly fashion to prevent a tripping hazard.
- Surge protectors are used for Texas A&M University-owned computers, fax machines and printers.
- Heavy items are securely placed on sturdy stands close to walls.
- Computer components are kept out of direct sunlight and away from heaters.

Emergency preparedness

- Emergency phone numbers (hospital, fire and police departments) are posted at the AWL.
- A first aid kit is easily accessible and replenished as needed.
- Portable fire extinguishers are easily accessible and serviced as needed.

Ergonomics

- The workstation (desk, chair, computer and other equipment) is arranged to be comfortable without unnecessary strain on the back, arms, neck etc.

Security of Information Resources

- University Rule 29.01.03.M2, Rules for Responsible Computing has been reviewed.

Other Safety or Security Items

Comments attached

Employee Certification: I have reviewed this checklist with my supervisor and have taken steps to ensure safety and security at my alternate work location. I understand this checklist is not all-inclusive and it is my duty as an employee of Texas A&M University to create and maintain a safe working environment at my AWL. I understand authorized department personnel may review my alternate work location with reasonable notice.

Employee Signature

Date

Supervisor Review: I have reviewed this form with the employee.

Supervisor Signature

Date

DISTRIBUTION: Original to Personnel File Copies to Employee and Supervisor	NEED HELP? HROE Organizational Consulting & Resolution Management 979.862.4027 ocrm@tamu.edu
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