

**ATTACHMENT B  
TELEWORK SITE SAFETY CHECKLIST AND SELF-CERTIFICATION**

**CONTACT INFORMATION:**

Employee Name:	Department:
Job Title:	Division:
Telework Site Address:	Supervisor Name:

As a City of San Diego employee, you are responsible for adhering to safe work practices in all locations where work is performed on behalf of the City. Please ensure your telework site meets all of the following requirements:

**WORK ENVIRONMENT AND BEST PRACTICES:**

- Height of chair and desk, along with spacing of computer, keyboard, and other tools at telework site, are positioned correctly in accordance with the ergonomic best practices communicated in handouts or the online ergonomic training provided by the City.
- Telework site has adequate lighting and computer is free of glare.
- Telework site is arranged to minimize excessive twisting, bending, reaching and pulling.
- Floors and walking surfaces are kept uncluttered and free of slip/trip and fall hazards.
- Proper bending techniques are used when picking up heavy items.

**SAFETY SELF-CERTIFICATION AND AGREEMENT:**

1. I acknowledge and agree to adhere to safe work practices when teleworking on behalf of the City of San Diego.
2. I have gone through the above Telework Site Safety Checklist and certify my telework site meets the requirements listed above.
3. I will notify my supervisor should there be a change in the location of my telework site or its adherence to the requirements in this checklist.
4. I will immediately report any on-the-job injury to my supervisor and the Risk Management Department.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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

**APPROVED:**

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Name

cc: Human Resources  
Department Payroll Specialist