

Home Office Safety Self-Assessment Form

Employee Information

Name

Position

Date

Workspace Setup

Is the work area free from clutter, tripping hazards, and obstructions?

☐

Yes

☐

No

Is there adequate lighting in the workspace?

☐

Yes

☐

No

Is the chair and desk ergonomically appropriate?

☐

Yes

☐

No

Electrical Safety

Are electrical cords in good condition and not running under rugs or furniture?

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Yes

☐

No

Are outlets not overloaded?

☐

Yes

☐

No

Is there a working smoke detector near the workspace?

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Yes

☐

No

Emergency Preparedness

Is emergency contact information readily available?

☐

Yes

☐

No

Is there an accessible first aid kit?

☐

Yes

☐

No

Additional Comments