



# ALTERNATE WORKPLACE CHECKLIST

Location of Alternate Workplace (address): \_\_\_\_\_ Inspected by (Employee): \_\_\_\_\_  
 \_\_\_\_\_ Date of Inspection: \_\_\_\_\_  
 \_\_\_\_\_ Checklist reviewed by (Supervisor): \_\_\_\_\_

## THE EMPLOYEE:

- Completes Parts A – D
- Submits checklist to supervisor

## THE SUPERVISOR:

- Reviews, signs and retains a copy of checklist
- Ensures employee completes and Action Required prior to working from alternate workplace

## A. WORKPLACE CONDITIONS

CONSIDERATIONS	RESPONSE	ACTION REQUIRED / COMMENTS
<b>Floors</b> <ul style="list-style-type: none"> <li>• Free of trip, slip and fall hazards</li> <li>• Free of protrusions, loose tiles, torn/ripped carpets</li> </ul>		
<b>Space</b> <ul style="list-style-type: none"> <li>• Home workspace provides enough space to work</li> <li>• Adequate workstation to perform work tasks</li> </ul>		
<b>Exits</b> <ul style="list-style-type: none"> <li>• Clear and unobstructed</li> <li>• Outside landings, walkways clear</li> </ul>		
<b>Lighting</b> <ul style="list-style-type: none"> <li>• Walking/working areas adequately illuminated</li> </ul>		
<b>Hazards</b> <ul style="list-style-type: none"> <li>• Are there any hazards in the workspace that could impact your health/safety (e.g. asbestos, tobacco smoke or mould?)</li> </ul>		

CONSIDERATIONS	RESPONSE	ACTION REQUIRED / COMMENTS
<b>Ergonomics</b> <ul style="list-style-type: none"> <li>• Successful completion of <a href="#">Home Office Ergonomics Training</a> to demonstrate knowledge and understanding of ergonomics principles to reduce musculoskeletal injury risk</li> </ul>		
<b>Equipment/Furnishings In safe operating condition</b> <ul style="list-style-type: none"> <li>• Table</li> <li>• Chair</li> <li>• Keyboard</li> <li>• Mouse</li> <li>• Screen (laptop/tablet/PC monitor)</li> </ul>		
<b>Electrical safety</b> <ul style="list-style-type: none"> <li>• Power cords in good condition</li> <li>• Adequate number or receptacles</li> <li>• Power bards and surge protectors plugged directly into wall receptacles</li> </ul>		
<b>Internet Connection</b> <ul style="list-style-type: none"> <li>• High-speed internet connection and bandwidth is appropriate and able to support work tasks</li> </ul>		

## B. PERSONAL SAFETY

CONSIDERATIONS	RESPONSE	ACTION REQUIRED / COMMENTS
<b>Are there any issues that SFU should be made aware of regarding your safety while working from the alternate workplace?</b>		
<b>Basic first aid supplies nearby</b>		
<b>A check-in procedure has been developed in accordance with GP39, Working Alone or in Isolation policy</b>		



### C. EMERGENCY PROCEDURES

CONSIDERATIONS	RESPONSE	ACTION REQUIRED / COMMENTS
<b>Working smoke alarm(s).</b>		
<b>Evacuation plan established.</b>		
<b>Emergency contact numbers posted in workspace and up-to-date in the employee self-service system <a href="#">MyINFO</a>.</b>		

### D. ADDITIONAL COMMENTS

ADDITIONAL COMMENTS FROM EMPLOYEE     
ADDITIONAL COMMENTS FROM SUPERVISOR     

The information on this form is collected under the authority of the *University Act* (RSBC 1996, c.468), the *Freedom of Information and Protection of Privacy Act* (RSBC 1996, c.165) s.26(c), and the *Workers’ Compensation Act* (RSBC 2019, c. 1) s. 21-23. It is related directly to and needed by the University to ensure safe working conditions. The information will be used by the University to assess your workplace conditions for compliance with Occupational Health and Safety Regulations, policies, and guidelines. For questions, please contact the Environmental Health & Safety department at [ehs\\_sfu@sfu.ca](mailto:ehs_sfu@sfu.ca).

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date