

UNC CHARLOTTE TELEWORK AND REMOTE WORK PROGRAM

TELEWORK AND REMOTE WORKSPACE SELF-CERTIFICATION CHECKLIST

This checklist is designed to assist you in the evaluation of your designated telework/remote workspace. It is designed to supplement, not replace, ergonomic hazard recognition training currently offered through the UNC Charlotte Environmental Health and Safety Office.

- A. Identify, with specificity, the designated telework/remote workspace:
- B. Please answer each question “yes” or “no.” “No” responses indicate potential problem areas that must receive further investigation by your supervisor. Upon completion, you must sign and return this form to your supervisor.

Topic Yes/No Comments if Response is “No”

REPORTING INJURY

I understand that I am required to report to my supervisor any work-related injury or illness.

Yes No

ENVIRONMENT/SPACE

Is the workspace (including monitor screen) arranged to minimize glare and visual discomfort?

Yes No

Is the space orderly, free of materials on the floor, phone lines, and electrical cords secured as to not present a tripping hazard?

Yes No

Is the space under the desk clear and free from obstructions allowing free movement of legs?

Yes No

WORKSPACE SEATING

Is the chair sturdy and free from loose wheels, legs, and other parts?

Yes No

Are seat and backrest of the chair supportive and adjustable allowing a comfortable upright position?

Yes No

Is the seat pan height adjustable to allow seating with feet flat on ground and thighs parallel to the floor? Do armrests (if present) allow a comfortable and adjustable position to: (a) relax shoulders and arms in a position close to the body; (b) operate the keyboard with the home row at approximately elbow height and the hands, wrists, and forearms in a straight line parallel to the floor; (c) move as close as desired to the keyboard; and (d) easily reach primary work materials and accessories?

Yes No

SCREENS, KEYBOARDS, WORK SURFACES

Is the topmost line of the computer screen slightly below eye level with the operator in an upright position?

Yes No

Is the keyboard and mouse situated at elbow level, and the forearms, hands, and wrists in a straight line parallel to the floor?

Yes No

Is the keyboard and mouse in a position to eliminate reaching (no extended reaching is required) and allows the wrist to be in a straight natural (neutral) position?

Yes No

Is the work surface high enough underneath so that it does not contact the top of the operator's legs, and the top work surface large enough to hold all needed input devices, task materials, monitor, and accessories?

Yes No

WORK PRACTICES

Will frequent short breaks be taken to eliminate excessive keying and give hands and wrists a break?

Yes No

Will neutral posture, stretching, and other standard ergonomic practices be adhered to?

Yes No

I certify that all information contained in this checklist is true and complete to the best of my knowledge.

I authorize UNC Charlotte to inspect the designated telework/remote workspace provided I am given reasonable notice of the inspection. I understand that any erroneous, misleading or fraudulent information is sufficient grounds for my preclusion from teleworking/remote working and/or disciplinary action up to and including dismissal.

Employee Signature: _____ Date: _____ Title: _____

Employee Name: _____ Title: _____

Teleworking Address: _____ Telephone: _____

Supervisor Name: _____ Date: _____

Supervisor Title: _____ Department: _____