



## Alternate Work Location Safety 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 [hrteam@pvamu.edu](mailto:hrteam@pvamu.edu) or (936) 261-1730. The information on this form, together with any attachments, is the property of Prairie View A&M University.

**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.

Employee Name	Title
Department	AWL Location(street address, city, state, and zip code)

### Alternate Work Location

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

### Other Safety Items

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

<input type="checkbox"/>	Comments attached
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### Statement of Agreement

- The employee must immediately notify his or her supervisor in case of an on-the-job injury.
- The University assumes no liability for injury at the remote work site to any other person who would not be in the work area if the duties were being performed at the employee's regular place of employment.

### 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 Prairie View 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.*

Signature:	Date:
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### Supervisor Review

*I have reviewed this form with the employee.*

Printed Name:	Date:
Signature:	

<b>DISTRIBUTION:</b> Original to Personnel File Copies to Employee and Supervisor	<b>NEED ASSISTANCE?</b> Office of Human Resources (936) 261-1730 <a href="mailto:hrteam@tam.u.edu">hrteam@tam.u.edu</a>
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