

CHECKLIST AND
EMPLOYEE CERTIFICATION FORM

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| 12. Will the building's electrical system permit the grounding of electrical equipment? | YES | NO |
| 13. Are aisles, doorways, and corners free of obstructions to permit visibility and movement? | YES | NO |
| 14. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways? | YES | NO |
| 15. Do chairs have any loose casters (wheels)? Are the rungs and legs of chairs sturdy? | YES | NO |
| 16. Is the work area overly furnished? | YES | NO |
| 17. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard? | YES | NO |
| 18. Is the office space neat, clean and free of excessive amounts of combustibles? | YES | NO |
| 19. Are floor surfaces clean, dry, level, and free of worn or frayed seams? | YES | NO |
| 20. Are carpets well-secured to the floor and free of frayed or worn seams? | YES | NO |

Employee Signature

Date

Supervisor or Designated Agency Representative

Date