

**TELEWORK PROGRAM  
SAFETY CERTIFICATION**

For use of this form, see USAARMC Policy Memo 4-02, 2 Apr 02, subj: Telework Program

Employee Name: \_\_\_\_\_

Organization: \_\_\_\_\_

To the best of my knowledge, I hereby certify that the work area at the telework location identified below is adequate in size and has no safety hazards posing a risk of injury. Lighting is adequate and the electrical system is sufficient for the additional equipment that may be used. I will inform the supervisor of any changes in the telework location that raise safety issues.

The telecommuting location is: \_\_\_\_\_

\_\_\_\_\_

Employee's signature and date \_\_\_\_\_