

EMPLOYEE MOVE-IN CHECKLIST

Employee Name: _____ Location: _____ Date: _____

Complete this form upon arrival to your new Stanford University workstation. Provide a copy to your supervisor once completed.

1. WORKPLACE ASSESSMENT

- An [ergonomic self-evaluation](#) of your new workstation has been completed.
- Necessary adjustments to your furniture have been made per the self-evaluation. As needed, product manuals have been located.
- All furniture and equipment in your workstation are installed correctly and are properly working.
- Your work area is free of potential slip/trip/fall hazards (e.g. boxes in walkways, uprooted carpet, electrical cords).

2. EMERGENCY PREPAREDNESS

- Familiarize yourself with the [Stanford University Emergency Response Guidelines](#).
Locate the following:
 - Posted emergency evacuation plans and assembly points for your building.
 - At least two fire exits/escape routes in your building.
 - Fire extinguishers and fire alarm pull boxes in your work area.

3. RESOURCES

Environmental Health and Safety: <http://ehs.stanford.edu> | (650) 723-0448

Ergonomics Program: <http://ergostanford.stanford.edu> | ergonomics@lists.stanford.edu

Emergency Preparedness: <http://ehs.stanford.edu/topic/emergency-preparedness>

Fire Safety and Protection: <http://ehs.stanford.edu/topic/fire-safety>

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____