Office Ergonomics Workstation Checklist

CONTACT INFORMATION

Name _____   Phone _____

EMPLOYEE INFORMATION

Date _____   Location _____

Employee Name _____   Supervisor Name _____

Claim# _____   Height _____ Hand Dominance _____

Job Title _____   Work Hours _____

JOB RESPONSIBILITIES (BY %)

	Computer _____	Phone _____
PC Applications _____	Keyboard _____	Writing _____
_____	Mouse _____	10-key _____
_____	Other _____	Other _____

EMPLOYEE REPORTS OF DISCOMFORT

1. _____

   _____

2. _____

   _____

POTENTIAL CAUSES

_____

_____

_____

_____

How long has the employee been working at this workstation with the company? _____

WORKSTATION ASSESSMENT *(start by assessing seated posture from the ground up)*

1. Are employee's feet resting on the floor or supported by a stable footrest?

   ❏ Yes   ❏ No   If "No", adjust seat height so feet are flat on the floor or supported by a footrest.

   Cause   **Action Taken**   **Product Desc./Model #/Cost**

   _____   _____   _____

2. Is there adequate space underneath the work surface for thighs, legs, and feet so employee can get close enough to the keyboard and input device?

   ❏ Yes   ❏ No   If "No", move materials out from under desk, raise keyboard tray, lower chair, or raise workstation.

   Cause   **Action Taken**

   _____   _____

3. Are hips slightly above knee level?

   ❏ Yes   ❏ No   If No, adjust seat height up or down.

   Cause   **Action Taken**   **Product Desc./Model #/Cost**

   _____   _____   _____

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4. Is seat pan wide enough to accommodate employee?

   ❏ Yes   ❏ No   If "No," try another chair with a wider seat pan.

   Cause   **Action Taken**   **Product Desc./Model #/Cost**

   _____   _____   _____

5. Does seat pan fully support thighs?

   ❏ Yes   ❏ No   If "No," adjust seat pan forward so that approximately 2 inches of space is between employee's calf and the edge of the seat.

   Cause   **Action Taken**   **Product Desc./Model #/Cost**

   _____   _____   _____

6. Is the apex of the lumbar support at or slightly above the employee's belt line?

   ❏ Yes   ❏ No   If "No," adjust backrest up or down. If no lumbar support, provide a pillow or lumbar roll.

   Cause   **Action Taken**   **Product Desc./Model #/Cost**

   _____   _____   _____

7. Is the backrest tilt adjusted so employee's trunk is slightly reclined at approximately 10º–20º from perpendicular?

   ❏ Yes   ❏ No   If "No," adjust backrest tilt forward or backward. If backrest doesn't provide adequate support,
   turn tension knob on bottom of chair until the desired support is found.

   Cause   **Action Taken**   **Product Desc./Model #/Cost**

   _____   _____   _____

8. Are employee's shoulders relaxed and upper arms perpendicular to the floor?

   ❏ Yes   ❏ No   If "No," move chair closer to worksurface, keyboard, or mouse (see #10 also)

   Cause   **Action Taken**   **Product Desc./Model #/Cost**

   _____   _____   _____

9. Are employee's elbows free from contact with hard edges of the chair's armrest?

   ❏ Yes   ❏ No   If "No," adjust armrest up/down/in/out so elbows do not touch armrest or armrest comes in contact with the forearms only.
   Add padding to armrest or remove armrests completely.

   Cause   **Action Taken**   **Product Desc./Model #/Cost**

   _____   _____   _____

10. Are forearms parallel to the floor when employee is typing?

    ❏ Yes   ❏ No   If "No," adjust work surface height or keyboard tray height so elbows are at 90º–100º angle. If employee has to reach for mouse,
    move mouse to the same level as the keyboard. If workstation height is nonadjustable, record this height _____

    Cause   **Action Taken**   **Product Desc./Model #/Cost**

    _____   _____   _____

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11. Are wrists in a neutral position when keying?

❏ Yes ❏ No If "No," adjust the height of the worksurface or keyboard. May also need to adjust the keyboard tilt angle to a flat or slightly declined position. Employee may also benefit from a wrist rest. If employee has wrists in an awkward position when mousing, move mouse to same level as keyboard.

Cause **Action Taken** **Product Desc./Model #/Cost**

_____ _____ _____

12. Does the input device pointer move easily across the screen without a lot of hand movement?

❏ Yes ❏ No If "No," and employee is using a mouse, make sure the mouse ball is clean. Check software settings to see if pointer speed is at least 75 percent or more.

Cause **Action Taken** **Product Desc./Model #/Cost**

_____ _____ _____

13. Does employee maintain a loose grip on the input device?

❏ Yes ❏ No If "No," encourage employee to release their grip and relax their hand when not actively using the input device.

Cause **Action Taken**

_____ _____

14. Does the input device fit the size of the employee's hand?

❏ Yes ❏ No If "No," consider larger or smaller input device.

Cause **Action Taken** **Product Desc./Model #/Cost**

_____ _____ _____

15. Are the wrists free from contact with sharp edges?

❏ Yes ❏ No If "No," move the keyboard or mouse to the edge of the work surface or provide a wrist rest.

Cause **Action Taken** **Product Desc./Model #/Cost**

_____ _____ _____

16. Is the employee's monitor positioned directly in front of them?

❏ Yes ❏ No If "No," move monitor directly in front of employee.

Cause **Action Taken**

_____ _____

17. Is the top of the monitor screen at employee's eye level*?

❏ Yes ❏ No If "No," move monitor up or down. If employee wears progressive or bifocal lenses, move monitor 2–3 inches lower.

Cause **Action Taken** **Product Desc./Model #/Cost**

_____ _____ _____

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18. Is the monitor at least 18 inches away from the eyes?

❒ Yes   ❒ No   If "No," move monitor back.

Cause   **Action Taken**

_____   _____

19. Is the monitor tilted to approximately 10º past perpendicular to the floor (screen tilted slightly upward)?

❒ Yes   ❒ No   If "No," tilt monitor to approximately 10º past perpendicular to the floor (screen tilted slightly upward).

Cause   **Action Taken**

_____   _____

20. Is the monitor free from glare?

❒ Yes   ❒ No   If "No," move the monitor, close the window blinds, tilt monitor perpendicular to the floor, or provide an anti-glare screen.

Cause   **Action Taken**   **Product Desc./Model #/Cost**

_____   _____   _____

21. Does the employee keep his or her head in a neutral posture when entering data from hard copy?

❒ Yes   ❒ No   If "No," consider providing a document holder. If employee already has a document holder, make sure it's at the same height and distance as the monitor, or directly in front of the employee between the keyboard and monitor.

Cause   **Action Taken**   **Product Desc./Model #/Cost**

_____   _____   _____

22. Is the telephone used with head in a neutral posture and shoulders relaxed if employee uses the computer at the same time?

❒ Yes   ❒ No   If "No," provide the employee with a telephone headset if the employee spends more than one hour each day working on the computer and the phone simultaneously.

Cause   **Action Taken**   **Product Desc./Model #/Cost**

_____   _____   _____

23. Are the computer, the workstation, equipment, and accessories maintained in serviceable condition and do they function properly?

❒ Yes   ❒ No   If "No," contact IT for computer-related problems and facilities for chair and furniture problems.

Cause   **Action Taken**   **Product Desc./Model #/Cost**

_____   _____   _____

24. Are computer tasks organized in a way that allows the employee to vary computer tasks with other work tasks or take micro-breaks, recovery pauses, or perform exercises and stretches while at the workstation?

❒ Yes   ❒ No   If "No," discuss with employee (and possibly supervising manager) options for reorganizing work structure, the importance of standing up occasionally, walking around, and performing recommended exercises and stretches to reduce static loading. Let employee know where to find information on exercise and stretches.

Cause   **Action Taken**

_____   _____

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