

# Office Ergonomics Workstation Checklist

## Contact Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Personal Information

Date \_\_\_\_\_ Location \_\_\_\_\_

Employee Name \_\_\_\_\_ Supervisor Name \_\_\_\_\_

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

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\_\_\_\_\_

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How long have you 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
_____	_____	_____

3. Are hips slightly above knee level?

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

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

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
_____	_____	_____

# Office Ergonomics Workstation Checklist (continued)

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 as a short-term fix.

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

7. Is the backrest tilt adjusted so employee's trunk is slightly reclined at approximately 5°–15° 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 work surface, 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 90°–110° 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
_____	_____	_____

11. Are wrists in a neutral position when keying?

Yes     No    If "No," adjust the height of the work surface or keyboard. May also need to adjust the keyboard tilt angle to a flat or slightly declined position. Employee may also benefit from a keyboard 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
_____	_____	_____

# Office Ergonomics Workstation Checklist (continued)

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

Yes  No If "No," check software settings to see if pointer speed is at least 75 percent or more.

Cause	Action Taken	Product Desc./Model #/Cost
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13. Does employee maintain a loose grip on the input device?

Yes  No If "No," encourage employee to let go of the input device and relax hand when not actively using it.

Cause	Action Taken
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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
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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 keyboard wrist rest.

Cause	Action Taken	Product Desc./Model #/Cost
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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
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17. If there are 2 monitors, is the employee centered in between the 2?

Yes  No If "No," ask what percentage the employee uses each monitor. If it's 50/50 center the employee in between both monitors. If one monitor is primary, move the primary monitor closer to the midline of the employee's body.

Cause	Action Taken	Product Desc./Model #/Cost
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18. 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 1-2 inches lower.\*

Cause	Action Taken	Product Desc./Model #/Cost
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19. Is the monitor at least 18 inches away from the eyes?

Yes  No If "No," move monitor back.

Cause	Action Taken
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# Office Ergonomics Workstation Checklist (continued)

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

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

**Cause**

**Action Taken**

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21. 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**

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22. 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**

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23. 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 or suggest using the hands-free speaker.

**Cause**

**Action Taken**

**Product Desc./Model #/Cost**

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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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