

OFFICE ERGONOMICS Self-Assessment Checklist

This checklist is intended to help you assess and organize your current workspace with good ergonomic principles in mind. Complete the checklist by marking either the 'yes' or 'no' for each of the questions below. Write additional notes or comments in the space provided.

- 'Yes' answers require no further action.
- 'No' answers may require additional investigation and should be reviewed with your supervisor and the facility's EHS coordinator.

Task

How many hours per day do you use a computer?

- Less than 3 hours 3-5 hours More than 5 hours

What type of computer work do you do? (check all that apply)

- Email & Correspondence Graphics CAD
 Spreadsheets Internet Browsing Data Entry
 Word Processing Programming Other (describe)

Do you primarily work on a: Desktop computer? Laptop computer? Tablet computer?

Comments:

- Is there the opportunity to vary your posture during the day? Yes No
- Is there the opportunity to vary the focus of your eyes during the day? Yes No
- Do you have adequate opportunity for regular breaks away from computer work? Yes No
- Are you alternating your job tasks throughout the day? Yes No
- Are you incorporating stretching into your daily work routine? Yes No

Legs and Back

Comments:

- Do you have enough legroom? Yes No
- Is your chair adjustable? Yes No

If yes, does the chair have:

- Seat height adjustment? Yes No
- Seat back height and tilt adjustment? Yes No
- A swivel mechanism? Yes No
- Castors or glides? Yes No
- Do you know how to adjust your chair? Yes No

If yes, is your chair:

- Adjusted so your feet are on the floor or firmly placed on a footrest? Yes No
- Adjusted so your hips are slightly above your knees and your thighs are parallel with the floor? Yes No
- Adjusted so the backrest supports the curve of your back? Yes No
- Is there 1-3 inches between the edge of your seat and the back of your knees? Yes No

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Arms, Wrists, and Hands

Comments:

- Is the work surface large enough for all necessary equipment, paper, etc.? Yes No
- Can you comfortably reach all the equipment and paper you need? Yes No
- Is your keyboard and mouse positioned at or slightly lower than elbow height? Yes No
- Are your wrists comfortably straight while operating the keyboard and mouse? Yes No
- Is there support for your wrist and forearm while operating the keyboard and mouse? Yes No
- Are you able to relax your shoulders while performing various job tasks? Yes No
- Is there adequate space in front of the keyboard to rest the hands while not typing? Yes No
- Does the keyboard and mouse work smoothly and at a speed that suits you? Yes No
- Do you know how to adjust the mouse settings for pointer speed/accuracy? Yes No

Neck and Head

Comments:

- Is your monitor placed directly in front of you and approximately one arm's length away? Yes No
- Is your monitor adjusted so the top 1/4 of the screen is at or slightly below eye level? Yes No
- Does the screen swivel and tilt? Yes No
- Is your document holder placed adjacent to or directly in front of the monitor? Yes No

Eyes

Comments:

- Is your monitor positioned to avoid glare from outside light sources or overhead lighting? Yes No
- Is the image stable, free from flicker and jitter? Yes No
- Are brightness and/or contrast adjustable? Yes No
- Are the fonts and images sharp, clear, and easy to read? Yes No
- Do you clean your computer screen at least 1 time per week? Yes No

