|  |
| --- |
| Computer Workstation Checklist |
| Ergonomic Evaluator Name: Date: |
| Employee Name & Department: |

Computer Workstation Checklist Review and make adjustments on the following elements:

1. Is the chair adjusted to ensure proper seated-worker posture?

* When seated, center of knees are just slightly below center of hips? Yes\_\_\_\_\_ No\_\_\_\_\_
* Feet flat on floor or footrest (keyboard tray better than footrest to adjust height) Yes\_\_\_\_\_ No\_\_\_\_\_
* Arms comfortably at sides with elbows at appropriate angle (no over-reaching)? Yes\_\_\_\_\_ No\_\_\_\_\_
* Straight forearms and wrists at keyboard without backward/forward/sideways bend? Yes\_\_\_\_\_ No\_\_\_\_\_
* Chair arm rests adjusted below elbow when keyboarding? Yes\_\_\_\_\_ No\_\_\_\_\_

1. Does the chair adjust easily from the seated position? Yes\_\_\_\_\_ No\_\_\_\_\_
2. Does the chair’s seat pan fit the employee’s leg and thigh length? Yes\_\_\_\_\_ No\_\_\_\_\_
3. Does the chair have an adjustable backrest allowing for proper lumbar positioning? Yes\_\_\_\_\_ No\_\_\_\_\_
4. Does the chair provide lumbar support fit snugly into the curve of the lower back? Yes\_\_\_\_\_ No\_\_\_\_\_

* Additional back support needed? Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Telephone headset needed? If yes, does the employee use it consistently? Yes\_\_\_\_\_ No\_\_\_\_\_
2. Is there sufficient space for knees and feet? Yes\_\_\_\_\_ No\_\_\_\_\_
3. Are the height and position of the keyboard tray work surface adjustable? Yes\_\_\_\_\_ No\_\_\_\_\_
4. Is the keyboard tray flat to promote straight forearms and wrists at keyboard? Yes\_\_\_\_\_ No\_\_\_\_\_
5. Is the mouse at the same level as the keyboard and close to prevent overreaching? Yes\_\_\_\_\_ No\_\_\_\_\_
6. Is there a soft foam or gel keyboard and mouse wrist rest available? Yes\_\_\_\_\_ No\_\_\_\_\_
7. Is there a need for a document holder? Yes\_\_\_\_\_ No\_\_\_\_\_
8. Is the monitor’s height adjusted appropriate for employee’s personal focal needs? Yes\_\_\_\_\_ No\_\_\_\_\_
9. Is the monitor’s distance adjusted appropriate for employee’s focal needs? Yes\_\_\_\_\_ No\_\_\_\_\_
10. Are the monitor’s brightness and contrast controls set to appropriate levels? Yes\_\_\_\_\_ No\_\_\_\_\_
11. Is there sufficient lighting without causing glare on work surfaces? Yes\_\_\_\_\_ No\_\_\_\_\_
12. Is overuse and repetitive motion avoided by self-pacing and time management? Yes\_\_\_\_\_ No\_\_\_\_\_
13. Are appropriate task breaks taken to promote employee movement and stretching? Yes\_\_\_\_\_ No\_\_\_\_\_

* Does employee feel empowered to take appropriate task breaks? If not, ask supervisor for assistance.
* Get up and move and stretch periodically. Stand, relax or sit forward when using phone. Take a trip to the printer, copier, file room or bathroom as a chance to get up and stretch and help with circulation.

1. Is employee aware of proper workstation set up and seated-worker posture? Yes\_\_\_\_\_ No\_\_\_\_\_
2. Does employee know how to adjust keyboard tray, monitor, chair, computer, telephone? Yes\_\_\_\_\_ No\_\_\_\_\_

Follow-up recommendations: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| Supervisor’s Signature: Date: |