

Ergonomic Computer Workstation Self-Evaluation Checklist

Employee		Date	
Job Title		Phone	
Dept/Div		Campus	
Supervisor		Phone	

This is a self-evaluation of your computer workstation that is designed to help identify items that may benefit from ergonomic improvements. This questionnaire must be completed before an Ergonomic Workstation Evaluator can conduct an assessment of your workstation. Please submit questions and suggestions, as needed. Additional information is available in the Risk Management section of the District's website, or you may contact your Campus Safety Committee.

Chair/Seating	YES	NO	Sitting Posture	YES	NO
Adjustable back height			Chair back seems correct		
Adjustable seat height			Chair seat height seems correct		
Adjustable armrests			Chair seat depth seems correct		
5-Caster chair base			Back and seat tilt seem correct		
My feet rest flat on the floor			Armrest support seems correct		
My feet rest on a footrest			Chair (or adjustments) are broken		
Comments:					
Workstation	YES	NO	Features	YES	NO
Rectangular desk			Writing space within easy reach		
L or U shaped desk			Desk supplies within easy reach		
Computer cart			Under-desk space clear		
Desk height seems correct			Overhead shelf or bin(s) in use		
Comments:					
Monitor	YES	NO	Monitor Viewing	YES	NO
Monitor is centered for use			Top of screen is at eye level		
Monitor tilt seems correct			Distance to screen is 24–34 inches		
Screen images are clear			Desktop image fills screen		
Comments:					
Keyboard	YES	NO	Mouse	YES	NO
Keyboard is centered for use			Mouse is within easy reach		
Keyboard seems at proper height			Mouse at same level as keyboard		
Keyboard wrist rest in use			Mouse pad and wrist rest in use		
Phone			Document viewing	YES	NO
Phone is within easy reach	YES	NO	I view documents while typing	YES	NO
Phone is used 2½ hours per day			Document holder in use		
Comments:					
Environment	YES	NO	Work Practices	YES	NO
Proper lighting			I take task breaks and rest breaks		
Proper temperature			I do stretch break exercises		
Comments:					
Discomfort or Symptoms:					
Additional Questions/Suggestions:					