

COMPUTER WORKSTATION ERGONOMIC ASSESSMENT

Employee Name

Date of Assessment

| Job Activities: (in hours per day) | | Computer Use | | Mouse use | |
|------------------------------------|--|--------------|--|--------------|--|
| Work hours per day | | Sitting | | Punch/Staple | |
| Work hours per 2 weeks | | Standing | | Typewriter | |
| Driving | | Filing | | Calculator | |
| Walking | | Copy/Fax | | Handwriting | |
| Meetings | | Phone use | | 10 key | |
| Comments: | | | | | |

| Ergonomic Considerations | | | | Recommendations | |
|--------------------------|--|------------------------|-----|-----------------|-------------|
| Workstation | | | YES | NO | Workstation |
| Rectangular desk | | Adequate work space | | | |
| L or U-shaped desk | | Adequate desk depth | | | |
| Adjustable counter | | Adequate leg clearance | | | |
| Computer work table | | Adequate storage | | | |
| Comments: | | | | | |

| Keyboard /Mouse | | | YES | NO | Keyboard /Mouse |
|-------------------|--|----------------------------|-----|----|-----------------|
| Keyboard tray | | Adjustable keyboard height | | | |
| Keyboard drawer | | Keyboard centered to user | | | |
| Desktop | | Wrist guide available | | | |
| Custom mouse used | | Mouse level with keyboard | | | |
| Comments: | | | | | |

| Monitor / Documents | | | YES | NO | Monitor / Documents |
|----------------------|--|---------------------------|-----|----|---------------------|
| Monitor at eye level | | Adjustable monitor height | | | |
| “ Above eye level | | Documents on desk | | | |
| “ Below eye level | | Document holder available | | | |
| Monitor centered | | Document holder needed | | | |
| “ Angled in corner | | Special sized documents | | | |
| Comments: | | | | | |

| Vision | | Telephone | YES | NO | Keyboard /Mouse |
|--------------------|--|--------------------|-----|----|-----------------|
| No correction | | Held in hand | | | |
| Glasses/Contacts | | Held to shoulder | | | |
| Bifocals/Trifocals | | Phone cradle used | | | |
| Glare/Reflections | | Phone headset used | | | |
| Comments: | | | | | |

Ergonomic Evaluator

Phone

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Date of Assessment

| Workstation Features: | | | | Employee Characteristics: | | | |
|-----------------------|--|-----------|--|---------------------------|--|-----------|---------|
| Tile Floor | | Carpeting | | Wt:<250lb. | | Dominance | R L |
| Concrete | | Chair Mat | | Wt:<250 lb. | | Height: | Ft. In. |

See back of page 1 for measurement diagrams

| | Seating | Current | Needed | Workstation | Current | Needed |
|---|-------------------|---------|--------|---------------------------|---------|--------|
| A | Seatpan Height | | | K Floor to desktop | | |
| B | Seatpan Depth | | | L Floor to below desktop | | |
| C | Armrest Height | | | M Flr to top of keyboard | | |
| D | Armrest Width | | | N Flr to below keyboard | | |
| E | Base of Scapula | | | O Fingertips to floor | | |
| F | Top of Shoulder | | | P Monitor top to desk top | | |
| G | Chair Back Height | | | Q View Height Variance | | |
| H | Seatpan Width | | | R Viewing Distance | | |
| I | Shoulder Width | | | S Seat / Back Cushion | | |
| J | Feet Spread | | | T Footrest | | |

Note: The NEEDED items above that have an "X" in the box were adjusted and achieved today

| To allow for proper work posture, the following changes are also recommended | |
|--|-----------------------|
| 1 | Reposition Equipment |
| 2 | Reorganize Materials |
| 3 | Rearrange Furniture |
| 4 | Repairs/ Maintenance |
| 5 | Other |
| 6 | Recommended Equipment |

| Employee Training: The assessment today included employee instruction regarding: | | | |
|--|--|------------------------|-----------------|
| Task Breaks | | Stretching Exercises | Neutral Posture |
| Rest Breaks | | Range of Motion Exs. | Reduce Reach |
| Stress Reduction | | Off-the-job Activities | Reduce Rotation |
| Comments | | | |

Employee Details:

Job Title: _____ Time at Job: _____

Division/Department: _____ Phone Number: _____

Supervisor: _____ Phone Number: _____

Date Report Submitted: _____

Ergonomic Evaluator

Phone