

Workstation Setup Evaluation Form

Yes*	No*	N/A	
HEAD			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Is the employee's head directly over the shoulders?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Does the employee's head face straight ahead?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the employee have to look down to see his/her work?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. If the employee is reading or writing is his/her work tilted up to prevent the head from tipping forward?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. If the employee is performing data entry, is the document directly in front of him/her?
NECK			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Does the employee cradle a telephone on his/her shoulder?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Is the employee's head tipped forward?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Is the monitor at a height that keeps the employee's neck in a neutral position?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Does the employee use bi-focals or tri-focals and tip his/her head back to focus?
SHOULDERS			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Are the employee's shoulders relaxed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Are the employees upper arms next to the body?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Does the employee have to reach for materials?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Does the employee have to reach to operate equipment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Is the work surface at the correct height for the employee?
BACK			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Does the chair provide good support to the employee's low back?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Is the chair adjustable and is it adjusted to support the employee?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Does the employee have to stand at a low work surface which causes him/her to bend forward?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Does the employee have to move heavy materials?
ARMS and WRISTS			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Are the employee's forearms and wrists in a neutral position?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Is the keyboard at the correct height and angle for the employee?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Are the employee's arms supported by either a wrist rest or by the arms of the chair?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Is the arm supported when using a mouse?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. If the employee use hand tools, are they ergonomically designed?

Turn page over

Computer Work Station Ergonomics Evaluation Form

Yes* No* N/A

LEGS and FEET

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. | Are the employee's feet flat on the floor or on a footrest? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. | Is there clearance under the work surface for the employee's legs? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. | Does the chair put pressure on the back of the employee's lower leg? |

EYES

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. | Is the monitor at a comfortable viewing distance or 18-30"? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. | Are the brightness and contrast set for comfortable viewing? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. | Is the screen clean? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. | Is the employee's eyeglass prescription up to date? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31. | Is there reflected glare on the screen or on surrounding flat surfaces? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32. | Is there direct glare on the screen from windows or bright light fixtures? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33. | Are ventilation ducts directed at the employee which may result in dry eyes? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34. | If the employee uses a copy holder, is it placed next to the monitor and at the same distance away as the screen? |

WORK METHODS

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35. | Does this employee vary tasks throughout the day? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 36. | Does the employee do some work standing as well as sitting? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 37. | Is there an opportunity to rotate tasks with other employees to use different muscle groups? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 38. | Does the employee take periodic breaks throughout the day to stretch? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 39. | Does the employee know how to adjust the workstation to fit his/her body? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40. | Is the workstation adjusted properly? |

* If any of questions 1-5, 8, 10-11,14-16,19-20, 23-25, 27-30, 32-40 are answered "No"

OR

If any of questions 6-7, 9, 12-13, 17-18, 21-22, 16 or 31 are answered "Yes"

THEN

Changes are required to the workstation setup and/or to the employee's work practices.
Contact EH&S if you require assistance.