

# Office Ergonomic Assessment CheckSheet®

Company		Date	Time
Employee Name		Job Title	
Work Hours		Work Days	
Years With Company		Years at Current Job	
Hand Dominance		Glasses: Bifocal Trifocal Special	
Evaluator			

**How many hours per day do you perform the following tasks on average? Peak?**

		Computer Use			Filing/Sorting			Home Computer Use
		Phone Use			Copying/Collating			Home Activities
		Writing			Laptop/Tablet Use			Home Hobbies
		Paperwork/Reading			Electronic Equip.			Other
		Meetings			Smartphone			

Below is a list of questions regarding your equipment and your interaction with the equipment. Yes or No answers that are shaded are areas that require a solution that can be found in the right hand column below.

FINDINGS				SOLUTIONS	
Posture	Y	N	Posture		
<b>Head</b>					
Chin Forward			<input type="checkbox"/> Maintain upright posture & adjust workstation as indicated. <input type="checkbox"/> Cue yourself periodically to change position.		
Turned or Tilted Right					
Turned or Tilted Left					
Tilted Up			<input type="checkbox"/> Maintain upright posture & adjust workstation as indicated. <input type="checkbox"/> Cue yourself periodically to change position.		
Tilted Down			<input type="checkbox"/> Learn touch typing methods. <input type="checkbox"/> Maintain upright posture & adjust workstation as indicated. <input type="checkbox"/> Cue yourself periodically to change position.		
<b>Shoulders</b>					
Uneven Height			<input type="checkbox"/> Adjust workstation as indicated.		
Rounded Forward			<input type="checkbox"/> Maintain upright posture & adjust workstation as indicated.		
<b>Spine</b>					
Forward			<input type="checkbox"/> Maintain upright posture & adjust workstation as indicated.		
Twisted			<input type="checkbox"/> Adjust workstation as indicated.		
Sidebend Right Left			<input type="checkbox"/> Adjust workstation as indicated.		
<b>Hips</b>					
Less than 90° or greater than 105°			<input type="checkbox"/> Properly adjust chair.		
Legs crossed			<input type="checkbox"/> Feet firmly on floor.		
<b>Knees and Feet</b>					
Greater than 90° or less than 105°			<input type="checkbox"/> Properly adjust chair.		
Pressure on the back of knees?			<input type="checkbox"/> Properly adjust chair. <input type="checkbox"/> See chair section below.		
Feet not flat on solid surface?			<input type="checkbox"/> Properly adjust chair.		

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Chair Assessment	Y	N	Chair: Reference "Office Ergonomic Tip Sheet"
Chair Swivel?			<input type="checkbox"/> Use a chair that swivels to meet the level of use.
Height Adjust?			<input type="checkbox"/> Use a height adjustable chair.
Pan Tilt or Slide?			
Back support height adjusts?			<input type="checkbox"/> Use a chair with a lumbar height adjustment. <input type="checkbox"/> Use an aftermarket lumbar support.
Back support forward/backward?			<input type="checkbox"/> Use a chair with a lumbar forward/backward adjustment. <input type="checkbox"/> Use an aftermarket lumbar support.
Adjustment for Rigid vs. Recline?			<input type="checkbox"/> Use a chair with variable adjustment to meet level of use. <input type="checkbox"/> Use an aftermarket lumbar support.
Arms present or not?			<input type="checkbox"/> Remove the arms if tasks do not require arm support. <input type="checkbox"/> Use a chair with arms.
Arms up/down?			<input type="checkbox"/> Adjust to proper height for work. Support if needed.
Arms tilt?			<input type="checkbox"/>
Arms padded?			<input type="checkbox"/> Assure chair arms are padded to meet level of use.
Is there enough padding?			<input type="checkbox"/> Use a chair that has the padding necessary for level of use.
Seat pan waterfall front?			<input type="checkbox"/> Use a chair with rounded/waterfall front edge.
5 legs?			<input type="checkbox"/> Safety concern. Does not meet ANSI standard.
Casters?			<input type="checkbox"/> Use a chair with casters if your tasks require mobility. <input type="checkbox"/> Use a chair without casters if your tasks require immobility.
Does chair roll easily?			<input type="checkbox"/> Perform maintenance on casters. <input type="checkbox"/> Replace casters.
Floor Surface? Solid vs Carpet			<input type="checkbox"/> Use a chair mat.
<b>Can user adjust the chair?</b>			<input type="checkbox"/> Review the manufacturer's instruction manual.
Feet on floor /footrest?			<input type="checkbox"/> Adjust the chair down, dependent upon workstation height. <input type="checkbox"/> Obtain an adjustable footrest.
Hips below knees?			<input type="checkbox"/> Adjust chair up so hips are at or above knees. <input type="checkbox"/> Adjust seat pan tilt forward (if available)
Lower legs in vertical?			<input type="checkbox"/> Legs should be as close to vertical as possible. Changing positions throughout the workday is also recommended. <input type="checkbox"/> Avoid placing lower legs under chair or resting on chair leg.
Lumbar support used?			<input type="checkbox"/> Sit all the way back on the seat to support of low back. <input type="checkbox"/> Adjust the backrest forward if able. <input type="checkbox"/> Add a lumbar support if you cannot change your chair. <input type="checkbox"/> Obtain a chair that has a shorter seat pan. <input type="checkbox"/> Reference KYEL Group "Adjusting an Office Chair".
1"-3" between edge of pan and back of knees?			<input type="checkbox"/> Adjust the backrest forward if able. <input type="checkbox"/> Add a lumbar support if you cannot change your chair. <input type="checkbox"/> Obtain a chair that has a shorter seat pan.

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Workstation/Desk Assessment	Y	N	W/Desk: Reference "Office Ergonomic Tip Sheet"
Adjustable?			<input type="checkbox"/> Begin by adjusting chair to fit workstation.
Work surface edges rounded?			<input type="checkbox"/> Utilize an edge pad to protect from harsh edge. <input type="checkbox"/> Obtain workstation or edging that is rounded.
Multilevels?			
Two or more directions (L shape)?			
Adequate leg space?			<input type="checkbox"/> Organize space under workstation to obtain leg space. <input type="checkbox"/> Move CPU to obtain leg space.
Adequate storage to keep desk clear?			<input type="checkbox"/> Remove infrequently used items to storage. <input type="checkbox"/> Use organizer materials to organize office area.
Sufficient equipment space?			<input type="checkbox"/> Organize equipment to make workflow improvements. <input type="checkbox"/> Place frequently used equipment in regular workspace, and place less frequent use equipment in accessible but less used work areas.
Frequently used items easy to reach?			<input type="checkbox"/> Keep frequently used items close (less than arms reach). <input type="checkbox"/> Keep heavy objects in the "strike zone".
Source documents easy to reference?			<input type="checkbox"/> Redo copies that are hard to read. <input type="checkbox"/> Enlarge frequently referenced documents. <input type="checkbox"/> Use fonts such as Arial, Tahoma.
Are files accessible?			<input type="checkbox"/> Keep frequently accessed files close (less than arm reach).
<b>Drawers</b>	<b>Y</b>	<b>N</b>	<b>Drawers Suggestions</b>
Easy to reach?			<input type="checkbox"/> Frequently used items should be in closest drawers.
Organized properly?			<input type="checkbox"/> Take time to organize drawers/files.
<b>Monitor</b>	<b>Y</b>	<b>N</b>	<b>Monitor Suggestions</b>
Too far away?			<input type="checkbox"/> Move monitor to arms reach from face. Consider Vision Issues
Too close?			<input type="checkbox"/> Move monitor to arms reach from face. Consider Vision Issues
Right of center?			<input type="checkbox"/> Place monitor in front of you (or your keyboard).
Left of center?			<input type="checkbox"/> Place monitor in front of you (or your keyboard).
Too high?			<input type="checkbox"/> Lower the monitor so the top of the screen is at eye level.
Too low?			<input type="checkbox"/> Raise the monitor so the top of the screen is at eye level.
Tilt and/or swivel?			
Document held adjacent to monitor?			<input type="checkbox"/> Document should be at same height and depth as screen.
Clean and easy to read?			<input type="checkbox"/> Clean screen weekly at a minimum.
Free from blurry areas?			<input type="checkbox"/> Clean or replace monitor.
<b>Glare</b>	<b>Y</b>	<b>N</b>	<b>Glare Suggestions</b>
Outside windows?			<input type="checkbox"/> Place monitor adjacent to light source. <input type="checkbox"/> Obtain a screen glare guard.
Overhead lights?			<input type="checkbox"/> Assure lighting type is correct for the task being performed. <input type="checkbox"/> Obtain a screen glare guard.
Reflected light?			<input type="checkbox"/> Dull the reflective surface. <input type="checkbox"/> Obtain a screen glare guard.

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<b>Telephone</b>	<b>Y</b>	<b>N</b>	<b>Telephone Suggestions</b>
Time: Occasional Frequent Constant? Short Calls or Long Calls			<input type="checkbox"/> Obtain a headset if occasional long calls or >frequent short calls.
Work on computer while on phone?			<input type="checkbox"/> If yes, obtain a headset.
Do you use a cradle?			<input type="checkbox"/> If yes, obtain a headset. Do not use a cradle.
Do you use a headset?			<input type="checkbox"/> Obtain a headset.
Do you use the speakerphone?			<input type="checkbox"/> Use speakerphone when able/privacy if needed.
<b>Keyboard</b>	<b>Y</b>	<b>N</b>	<b>Keyboard Suggestions</b>
Keyboard position comfortable?			<input type="checkbox"/> See recommendations below.
Adjustable set-up?			<input type="checkbox"/> Use an adjustable keyboard tray with mouse area.
Built in wrist rest?			<input type="checkbox"/> Assure the wrist rest is soft and has no harsh edges.
Have all features the job requires?			<input type="checkbox"/> Obtain proper keyboard with all necessary function keys.
Keyboard at or below elbow?			<input type="checkbox"/> Adjust keyboard to elbow height.
Shoulders relaxed while keying?			<input type="checkbox"/> Adjust keyboard to elbow height.
Positive or negative tilt ( <i>circle one</i> )			<input type="checkbox"/> Place in a negative tilt. <input type="checkbox"/> Place in a neutral position.
Keyboard stable while keying?			<input type="checkbox"/> Place non-skid product under keyboard. <input type="checkbox"/> Remove any clutter or extra papers from beneath keyboard.
Regular numeric keypad use?			
Do all keys work reliably?			<input type="checkbox"/> Replace or maintain keys that do not work reliably.
<b>Mouse</b>	<b>Y</b>	<b>N</b>	<b>Mouse Suggestions</b>
Mouse surface stable?			<input type="checkbox"/> Place non-skid product under mouse pad. <input type="checkbox"/> Remove clutter or extra papers from beneath mouse pad.
Mouse at or below elbow height?			<input type="checkbox"/> Adjust mouse to elbow height. <input type="checkbox"/> Use a keyboard tray with a mouse rest area. <input type="checkbox"/> Use aftermarket mouse tray or bridge if able.
Work reliably?			<input type="checkbox"/> Replace or maintain mouse that does not work reliably.
Know how to adjust mouse settings?			<input type="checkbox"/> Reference your software manual to adjust settings.
Have all features job requires?			<input type="checkbox"/> Obtain a mouse with all features needed for the work.
Buttons, trackball, cordless, scroll wheel?			
Mouse pad?			<input type="checkbox"/> Obtain a mouse pad.
Mouse pad have wrist rest?			<input type="checkbox"/> Assure wrist (palm) rest is soft and has no harsh edges,
<b>Calculator</b>	<b>Y</b>	<b>N</b>	<b>Calculator Suggestions</b>
Used on right or left?			<input type="checkbox"/> Keep the calculator close.
Use keyboard keypad? Exclusive Share			
How often?			<input type="checkbox"/> Assure wrist (palm) rest is soft and has no harsh edges,
<b>Writing Surfaces</b>	<b>Y</b>	<b>N</b>	<b>Writing Surface Suggestions</b>
Surface flat?			<input type="checkbox"/> Assure writing area is kept clear.
Surface inclined?			
Clean and neat?			<input type="checkbox"/> Assure writing area is kept clear.
In front of worker?			<input type="checkbox"/> Assure good posture when writing.
Twist to the right?			<input type="checkbox"/> Assure you are able to face writing surface without twisting.
Twist to the left?			<input type="checkbox"/> Assure you are able to face writing surface without twisting.
<b>Writing Utensils</b>	<b>Y</b>	<b>N</b>	<b>Writing Utensil Suggestions</b>
Pencil (Type)?			<input type="checkbox"/> Use alternate grasp for writing.
Pen? Difficulty?			<input type="checkbox"/> Assure you are using the correct <b>tip/size</b> type.

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Lighting	Y	N	Lighting Suggestions	
Light Source Type?				
Secondary Light Source Type?				
Adequate lighting for tasks?			<input type="checkbox"/> Provide correct lighting.	
Light distributed evenly?			<input type="checkbox"/> Provide correct lighting.	
Task lighting used?			<input type="checkbox"/> Use task lighting if necessary.	
Overhead lights free from flicker?			<input type="checkbox"/> Correct flicker through maintenance or bulb replacement.	
Ambient light same as screen?			<input type="checkbox"/> Ambient light should be similar to screen lighting levels.	
Work Environment	Y	N	Work Environment Suggestions	
Able to work undistracted by noise from surrounding areas?			<input type="checkbox"/> Consider noise reducer (ie: door) <input type="checkbox"/> Implement a noise reduction policy.	
Free from office environment noise?			<input type="checkbox"/> Review noise reduction actions of equipment.	
Free from distracting outside noise? (construction, ventilation system)			<input type="checkbox"/> If ongoing, implement noise reducing equipment and baffles.	
Able to hold conversation without being overheard when privacy is needed?			<input type="checkbox"/> Implement a privacy barrier (ie: door). <input type="checkbox"/> Utilize an empty office.	
Able to work without interruptions by co-workers?			<input type="checkbox"/> Implement a noise reduction policy. <input type="checkbox"/> Implement an interrupt system.	
Visual privacy to work on sensitive documents?			<input type="checkbox"/> Utilize a privacy filter for monitor. <input type="checkbox"/> Seek an office space that meets your needs.	
Temperature comfortable?			<input type="checkbox"/> Contact maintenance or facilities to problem solve.	
Free of drafts and air currents?			<input type="checkbox"/> Contact maintenance or facilities to problem solve.	
Office Layout	Y	N	Office Layout Suggestions	
Office orderly?			<input type="checkbox"/> Consider office organization consult or equipment.	
Is office easily accessible?			<input type="checkbox"/> Address specific accessibility problem.	
Is the office a walkway?			<input type="checkbox"/> If a productivity hindrance, address with management.	
Reference Materials	Y	N	Reference Material Suggestions	
Easily accessible?			<input type="checkbox"/> Frequent used items within arms reach or sight distance.	
Easily readable?			<input type="checkbox"/> Redo copies that are hard to read. <input type="checkbox"/> Enlarge frequently referenced documents. <input type="checkbox"/> Use fonts such as Arial, Tahoma.	
Binders heavy?			<input type="checkbox"/> Keep close and within the "strike zone" of height.	
Special Considerations	Y	N	N/A	Special Considerations
If two computers, are both positioned for comfortable use?				<input type="checkbox"/> Consider use carefully and optimize placement.
If a laptop, is an external keyboard, mouse or monitor hook-up available?				<input type="checkbox"/> Obtain external devices as needed.
If a laptop, is a docking station available?				<input type="checkbox"/> Obtain docking station or external devices as needed.
Are you incorporating stretching into your daily work routine?				<input type="checkbox"/> Follow the General Office Exercise program.
Are you incorporating rest-breaks into your daily work routine?				<input type="checkbox"/> Take rest breaks hourly (get up and move about etc.). <input type="checkbox"/> Use 20/20/20 Rule.
Have you had any formal training in a healthy office environment?				<input type="checkbox"/> Recommend formal training.
Software				
What software is used?				<input type="checkbox"/> Can be utilized differently; require more training or the user method needs to be changed to accommodate.

