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## Computer Workstation Ergonomics: Self-Assessment Checklist

Complete this self-assessment to evaluate the ergonomics of your office furniture and equipment. Follow the suggested actions for each item to optimize your setup and reduce the risk of discomfort.

ltem	The Office Chair	Yes	No	N/A	Suggested Actions
1.	Can the height, seat and back of the chair be adjusted to achieve the posture outlined below?				<ul> <li>Obtain a fully adjustable chair</li> </ul>
2.	Are your feet fully supported by the floor when you are seated?				<ul><li>Lower the chair</li><li>Use a footrest</li></ul>
3.	Does your chair provide support for your lower back?				<ul><li>Adjust chair back</li><li>Obtain proper chair</li><li>Obtain lumbar roll</li></ul>
4.	When your back is supported, are you able to sit without feeling pressure from the chair seat on the back of your knees?				<ul><li>Adjust seat pan</li><li>Add a back support</li></ul>
5.	Do your armrests allow you to get close to your workstation?				<ul><li>Adjust armrests</li><li>Remove armrests</li></ul>



Head upright and over your shoulders. Eyes looking slightly downward (30° range from horizontal line of sight) without bending from the neck.

Back should be supported by the backrest of the chair that promotes the natural curve of the lower back.

Elbows bent at 90°, forearms horizontal. Should ers should be relaxed, but not depressed.

Thighs horizontal with a 90°–110° angle at the hip.

Neutral wrist posture

**Keyboard and Mouse** Yes No N/A **Suggested Actions** Are your keyboard, mouse and work surface at your elbow Raise / lower workstation ٠ height? • • Are frequently used items within easy reach? Is the keyboard close to the front edge of the desk allowing space • for the wrist to rest on the desk surface? When using your keyboard and mouse, are your wrists straight . and your upper arms relaxed? The keyboard should be flat and not propped up on keyboard legs as an angled keyboard may place the wrist in an awkward posture when keying. •



Item	Work Surface	Yes	No	N/A	Suggested Actions
12.	Is your monitor positioned directly in front of you?				Reposition monitor
13.	Is your monitor positioned at least an arm's length away? Note: the monitor's location is dependent on the size of the monitor, the font, screen resolution and the individual user e.g. vision/use of bifocal spectacles etc.				<ul> <li>Reposition monitor</li> <li>Seek an alternative monitor if necessary e.g. flat screen that uses less space</li> </ul>
14.	Is your monitor height slightly below eye level?				<ul> <li>Add or remove monitor stand</li> <li>Adjust monitor height</li> </ul>
15.	Is your monitor and work surface free from glare?				<ul> <li>Windows at side of monitor</li> <li>Adjust overhead lighting</li> <li>Cover windows</li> <li>Obtain antiglare screen</li> </ul>
16.	Do you have appropriate light for reading or writing documents?				<ul> <li>Obtain desk lamp</li> <li>Place on left if right handed – place on right if left handed</li> </ul>
17.	Are frequently used items located within the usual work area and items which are only used occasionally in the occasional work area?				Rearrange workstation





ltem	Breaks	Yes	No	N/A	Suggested Actions
18.	Do you take postural breaks every 30 minutes? e.g. standing, walking to printer, etc.?				<ul> <li>Set reminders to take breaks</li> </ul>
19.	Do you take regular eye breaks from looking at your monitor?				<ul> <li>Refocus on picture on wall every 30 minutes</li> </ul>

Item	Accessories	Yes	No	N/A	Suggested Actions
20.	Is there a sloped desk surface or angle board for reading and writing tasks if required?				Obtain an angle board
21.	Is there a document holder either beside the screen or between the screen and keyboard if required?				Obtain document holder
22.	Are you using a headset or speakerphone if you are writing or keying while talking on the phone?				<ul> <li>Obtain a headset if using the phone and keyboard</li> </ul>

ltem	Laptop Use	Yes	No	N/A	Suggested Actions
23.	In the event of using a laptop computer for prolonged periods of				<ul> <li>Obtain appropriate laptop</li> </ul>
	time use of:				accessories
	<ul> <li>A full sized external keyboard and mouse;</li> </ul>				
	<ul> <li>Docking station with full sized monitor or a laptop stand</li> </ul>				

## Directions:

Following completion of this checklist, please discuss any concerns with your supervisor. If you are experiencing discomfort associated with your office setup after a two-week period following this assessment, have your supervisor submit an Ergonomic Assessment Request with this self-assessment attached.

## Employee Self-Assessment Information

Name	Supervisor Name	
Email	Supervisor Email	
Position Title	Date	
Comments		