ENVIRONMENTAL HEALTH AND SAFETY

ERGONOMIC ASSESSMENT TOOL

This tool was designed to provide guidance to perform ergonomic workstation evaluations for computer users. This form will determine how computer users interact with their workstations.

Person/Workstation Evaluated:	Date of evalua	tion:
Location/Address:	Department:	
Contact #:	Supervisor/Manager:	

Name of Evaluator:

Eyes		
Evaluation Points	Recommendations	
Is monitor an arm's distance away from user?	Positions monitor 16 to 26 inches away from user. Recommendation/Action:	
Yes No	Recommendation/ Action:	
Is top of monitor screen at or slightly below eye level?	Position top of monitor no higher than eye level. Bifocal wearers may need to lower monitor to desktop.	
Yes No	Recommendation/Action:	
Is there a glare on the screen? Yes No	Reduce glare by re-positioning monitor parallel to windows, decreasing overhead lighting, using window shades, tilting screen to a flat position, or using an anti-glare filter.	
	Recommendation/Action:	
Is the screen clean?	Remove dust and smudges from screen.	
Yes No	Recommendation/Action:	

Eyes

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Head, Neck & Shoulders

Evaluation Points	Recommendations
Are input documents positioned to minimize head movement?	Use a document holder that is aligned under monitor or is next to and near the same level as monitor.
Yes No	Recommendation/Action:
Are frequently used work tools within easy reach of user?	Move frequently used items (phone, calculator, etc.) within easy reach to avoid over-reaching strains.
Yes No	Recommendation/Action:
Are tasks and postures shifted throughout the workday? Yes No	Alternate tasks and postures as a part of daily work plans. Give hands periodic rest breaks when keyboarding or when using the mouse.
	Recommendation/Action:
Are head and neck aligned when using the phone? Yes No	Hold receiver upright when using the phone, use speakerphone, or telephone headset. Determine the need for a telephone headset by user's average call frequency, duration, or whether multiple tasks are being performed while using the phone.
	Recommendation/Action:
Are ears positioned over shoulders when looking at monitor (not bent up or down)?	Position top of monitor no higher than eye level. Bifocal wearers may need to lower monitor to desktop.
Yes No	Recommendation/Action:
Is user aligned in front of monitor and keyboard?	Align monitor and keyboard directly in front of user. Recommendation/Action:
Yes No	

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Arms, Elbows, Wrists & Hands

Evaluation Points	Recommendations
Are shoulders relaxed and elbows approximately angled from 90° to 110° (not stretched forward or bent upward)? Yes No	Install an articulating (height & depth adjustable) keyboard/mouse tray or adjust chair height (if keyboard is on desktop) in order to achieve appropriate angles. Recommendation/Action:
Is mouse/input device at same	Align mouse/input device on same level and as close as possible
level and close to keyboard?	to minimize arm extension.
Yes No	Recommendation/Action:
Are wrists straight while keyboarding or mousing (not angled or drooping)? Yes No	Flatten keyboard tray angle. If helpful to guide wrists to a flat posture, use a gel-filled wrist/mouse support. Use good typing/mousing technique — float over the keys and use wrist support only during keying breaks. Do not deviate wrists side to side.
	Recommendation/Action:
Does mouse/input device fit user's hand?	Try out different sized/shaped devices.
Yes No	Recommendation/Action:
Does mouse respond easily when in use?	Clean ball of mouse. Use a different type of mousing surface.
Yes No	Recommendation/Action:
Is right hand tired from overuse?	Train left hand to use input devices.
Yes No	Recommendation/Action:
Are hard, sharp, or cold edges contacting arms, wrists, or elbows?	Cushion surfaces. Use wrist/mouse supports to prevent contact with body parts.
Yes No	Recommendation/Action:

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Back, Legs, & Feet

Evaluation Points	Recommendations
Is curve of the lower back supported in chair?	Adjust or add lumbar support to chair to fit the lower curve of the back.
Yes No	Recommendation/Action:
Do feet rest firmly on floor or footrest?	Provide a footrest.
Yes No	Recommendation/Action:
Are hips and knees at comfortable angles when seated back in chair?	Adjust chair height, back tension, or tilt in order to achieve comfort in hips and knees. Sit back in chair to provide full support. Minimize sitting on chair edge.
Yes No	Recommendation/Action:
Is there a fist distance of space between front of chair and back of knees when seated back fully?	Adjust seat pan depth if able. If seat pan is too deep, add a lumbar cushion to the back. If seat pan is too shallow, get a chair with a deeper seat.
Yes No	Recommendation/Action:
Does user perch toward front of chair?	Provide a footrest. Raising feet will force user's back into the chair backrest.
Yes No	Recommendation/Action:
Is seat pan adequately cushioned?	Add additional seat cushion or purchase new chair if able.
Yes No	Recommendation/Action:
Is there adequate leg clearance under desk to stretch legs while	Remove clutter from under desk.
seated? Yes No	Recommendation/Action:
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Do thighs come in close contact with underside of desk or	Remove obstructions that contact thighs, raise desk, or lower chair if able.
keyboard tray?	
	Recommendation/Action:
Yes No	
Does user have a hard time moving chair around the	Use a chair mat on carpeted floors to allow smooth movement and minimize force. Replace damaged chair casters.
workstation?	1 0
	Recommendation/Action:
Yes No	

COMMENTS: