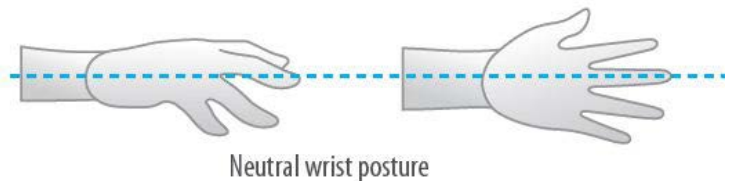
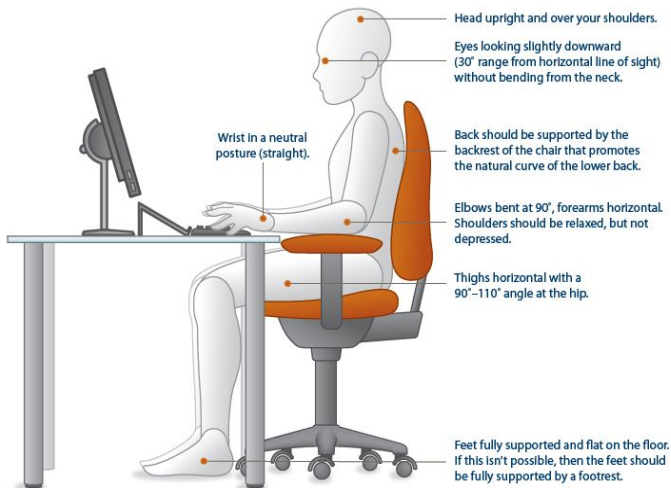


# Computer Workstation Ergonomics: Self-Assessment Checklist

The goal of this self-assessment is to help you set up your workstation for optimal comfort and performance. For more information, refer to the [National Institutes of Health, Office of Research Services, Division of Occupational Health and Safety website](#).

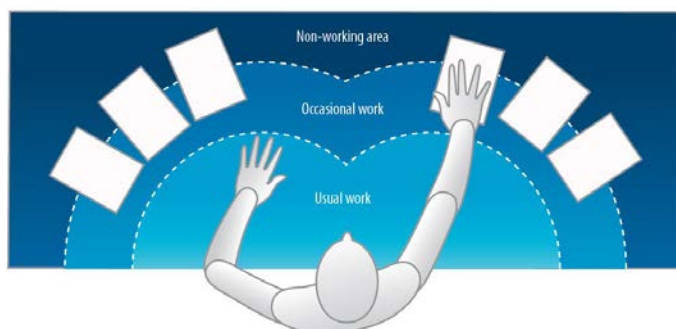
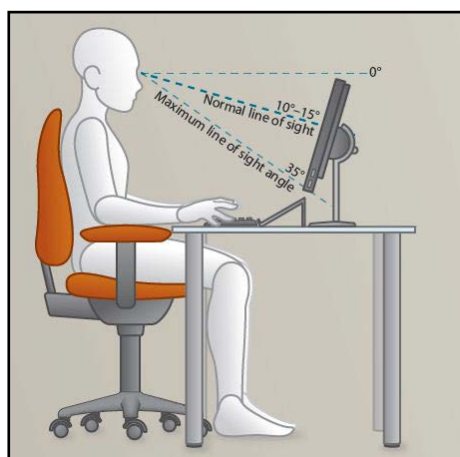
| Item | The Office Chair   | Yes | No | N/A | Suggested Actions  |
|------|--|-----|----|-----|--|
| 1.   | Can the height, seat and back of the chair be adjusted to achieve the posture outlined below?                        |     |    |     | <ul style="list-style-type: none"> <li>Obtain a fully adjustable chair</li> </ul>  |
| 2.   | Are your feet fully supported by the floor when you are seated?  |     |    |     | <ul style="list-style-type: none"> <li>Lower the chair</li> <li>Use a footrest</li> </ul>                                    |
| 3.   | Does your chair provide support for your lower back?   |     |    |     | <ul style="list-style-type: none"> <li>Adjust chair back</li> <li>Obtain proper chair</li> <li>Obtain lumbar roll</li> </ul> |
| 4.   | When your back is supported, you able to sit without feeling pressure from the chair seat on the back of your knees? |     |    |     | <ul style="list-style-type: none"> <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 style="list-style-type: none"> <li>Adjust armrests</li> <li>Remove armrests</li> </ul>                                   |



| Item | Keyboard and Mouse  | Yes | No | N/A | Suggested Actions  |
|------|---|-----|----|-----|--|
| 6.   | Are your keyboard, mouse and work surface at your elbow height?   |     |    |     | <ul style="list-style-type: none"> <li>Raise / lower workstation</li> <li>Raise or lower keyboard</li> <li>Raise or lower chair</li> </ul>                 |
| 7.   | Are frequently used items within easy reach?  |     |    |     | <ul style="list-style-type: none"> <li>Rearrange workstation</li> </ul>  |
| 8.   | Is the keyboard close to the front edge of the desk allowing space for the wrist to rest on the desk surface?   |     |    |     | <ul style="list-style-type: none"> <li>Move keyboard to correct position</li> </ul>  |
| 9.   | When using your keyboard and mouse, are your wrists straight and your upper arms relaxed? <i>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.</i> |     |    |     | <ul style="list-style-type: none"> <li>Re-check chair, raise or lower as needed</li> <li>Check posture</li> <li>Check keyboard and mouse height</li> </ul> |
| 10.  | Is your mouse at the same level and as close as possible to your keyboard?  |     |    |     | <ul style="list-style-type: none"> <li>Move mouse closer to keyboard</li> <li>Obtain larger keyboard tray if necessary</li> </ul>                          |
| 11.  | Is the mouse comfortable to use?  |     |    |     | <ul style="list-style-type: none"> <li>Rest your dominant hand by using the mouse with your non-dominant hand</li> </ul>                                   |

| Item | Keyboard and Mouse | Yes | No | N/A | Suggested Actions   |
|------|--------------------|-----|----|-----|---|
|      |                    |     |    |     | for brief periods (mouse buttons can be changed within the computer control panel) <ul style="list-style-type: none"> <li>Investigate alternate mouse options.</li> </ul> |

| Item | WorkSurface   | Yes | No | N/A | Suggested Actions  |
|------|---|-----|----|-----|--|
| 12.  | Is your monitor positioned directly in front of you?  |     |    |     | <ul style="list-style-type: none"> <li>Reposition monitor</li> </ul>   |
| 13.  | Is your monitor positioned at least an arm's length away?<br><br>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 style="list-style-type: none"> <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 style="list-style-type: none"> <li>Add or remove monitor stand</li> <li>Adjust monitor height</li> </ul>   |
| 15.  | Is your monitor and work surface free from glare?   |     |    |     | <ul style="list-style-type: none"> <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 style="list-style-type: none"> <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?  |     |    |     | <ul style="list-style-type: none"> <li>Rearrange workstation</li> </ul>  |



| Item | Breaks  | Yes | No | N/A | Suggested Actions   |
|------|---|-----|----|-----|---|
| 18.  | Do you take postural breaks every 30 minutes? E.g. standing, walking to printer / fax etc.? |     |    |     | <ul style="list-style-type: none"> <li>Set reminders to take breaks</li> </ul>                |
| 19.  | Do you take regular eye breaks from looking at your monitor?                                |     |    |     | <ul style="list-style-type: none"> <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?            |     |    |     | <ul style="list-style-type: none"> <li>Obtain an angle board</li> </ul>                            |
| 21.  | Is there a document holder either beside the screen or between the screen and keyboard if required? |     |    |     | <ul style="list-style-type: none"> <li>Obtain document holder</li> </ul>                           |
| 22.  | Are you using a headset or speakerphone if you are writing or keying while talking on the phone?    |     |    |     | <ul style="list-style-type: none"> <li>Obtain a headset if using the phone and keyboard</li> </ul> |

| Item | Laptop   | Yes | No | N/A | Suggested Actions   |
|------|--|-----|----|-----|---|
| 23.  | In the event of using a laptop computer for prolonged periods of time use of; <ul style="list-style-type: none"> <li>A full sized external keyboard and mouse;</li> <li>Docking station with full sized monitor or a laptop stand</li> </ul> |     |    |     | <ul style="list-style-type: none"> <li>Obtain appropriate laptop accessories</li> </ul> |

| Item | “Hot Desking” (when applicable)                                   | Yes | No | N/A | Suggested Actions |
|------|---|-----|----|-----|-------------------|
| 24.  | Provided time, support and supervision to make above adjustments. |     |    |     |                   |

Following completion of this checklist, please discuss any concerns or requirements with your DOHS ergonomics specialist. All completed assessments should be submitted to your DOHS ergonomics specialist.

#### Person Completing Assessment

|           |  |          |  |
|-----------|--|----------|--|
| Name      |  | Position |  |
| Signature |  | Date     |  |

#### DOHS Ergonomics Specialist

|                              |  |          |  |
|------------------------------|--|----------|--|
| Name                         |  | Position |  |
| Signature                    |  | Date     |  |
| Comments/<br>Recommendations |  |          |  |