

Workstation Evaluation Form



Employee Name:					Date:
Work Location:					Start time: End time:
Review the Recommended to begin typing as they wou	Compu Id norm	ıter Wol nally. Pr	rkstatio oceed i	n Des vith th	and have the employee sign the sign in sheet. (2) sign resource sheet with the worker. (3) Ask the worker assessment by completing this from. (4) Record (5) Review results with the worker.
<u>Chair</u> Are feet (1) on the floor or	<u>Yes</u>	<u>No</u>	Correc	<u>ted</u>	List any applicable work organization factors:
foot rest?					
Is the seat pan adjusted so that the hips (3) and knees (2) are parallel to the ground?					List any signs and symptoms the employee may be experiencing:
Does the backrest provide adequate lumbar support?					
Is the chair adjustable?					
Keyboard / Mouse Is the keyboard positioned so that elbows (6) and wrists (7) ar parallel to the floor?	e □				Workers comments:
Is the keyboard positioned so th the wrists (7) are straight?	at □				
Is the keyboard positioned so th shoulders (5) are relaxed?	e □				Schematic of the 90-90-90 Sitting Posture
Is the mouse positioned so the user does not have to reach?					
Monitor Is the monitor at an appropriate distance?					Recommendations:
Is the top of the monitor at or just below eye level?	st				
Work Area Are frequently used items place near the user?	d				
Is there a document holder?					
Is there adequate legroom?					
Work Environment Is adequate lighting provided?					
Is the screen free of glare?					
Work Practices Does the employee spend more than 4 hours per day on a computer?	· 				
Does the employee use other devices such as an adding machine or calculator?					Assessor: