

Employee Name: _____ Date: _____

Work Location: _____ Start time: _____ End time: _____

Instructions: (1) Complete required information above and have the employee sign the sign in sheet. (2) Review the Recommended Computer Workstation Design resource sheet with the worker. (3) Ask the worker to begin typing as they would normally. Proceed with the assessment by completing this form. (4) Record observations and make recommendations accordingly. (5) Review results with the worker.

	<u>Yes</u>	<u>No</u>	<u>Corrected</u>
<u>Chair</u>			
Are feet (1) on the floor or foot rest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the seat pan adjusted so that the hips (3) and knees (2) are parallel to the ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the backrest provide adequate lumbar support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the chair adjustable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Keyboard / Mouse</u>			
Is the keyboard positioned so that elbows (6) and wrists (7) are parallel to the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the keyboard positioned so that the wrists (7) are straight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the keyboard positioned so the shoulders (5) are relaxed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the mouse positioned so the user does not have to reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Monitor</u>			
Is the monitor at an appropriate distance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the top of the monitor at or just below eye level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Work Area</u>			
Are frequently used items placed near the user?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a document holder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there adequate legroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

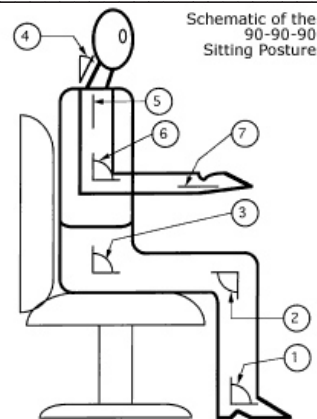
<u>Work Environment</u>			
Is adequate lighting provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the screen free of glare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Work Practices</u>			
Does the employee spend more than 4 hours per day on a computer?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the employee use other devices such as an adding machine or calculator?	<input type="checkbox"/>	<input type="checkbox"/>	

List any applicable work organization factors:

List any signs and symptoms the employee may be experiencing:

Workers comments:



Recommendations:

Assessor: _____