Workstation Assessment
Supervisor's Checklist

Employee: _____

Body Alignment	**Yes**	**No**
Monitor positioned in front of operator	☐	☐
Keyboard positioned in front of operator	☐	☐
Head and neck in alignment with shoulders	☐	☐
Work positioned to minimize head movement	☐	☐
Upper arm hangs straight down from shoulder	☐	☐
Elbows at 90 angle	☐	☐
Lower arms parallel to floor	☐	☐
Wrists in neutral position	☐	☐
Wrists off sharp edge of desk	☐	☐
Thighs parallel to floor	☐	☐
Knees at 90 angle	☐	☐
Knees level with hips	☐	☐
Space between seat edge and back of knees	☐	☐
Ample clearance between knees and desk	☐	☐
Mouse pad close to body/neutral forearm/wrist	☐	☐

Vision	**Yes**	**No**
Viewing distance 20"- 24"	☐	☐
Top of screen at or slightly below eye level	☐	☐
Work positioned at level of screen	☐	☐
Brightness and contrast adjusted	☐	☐
Room lighting satisfactory	☐	☐
Screen free from glare	☐	☐
Screen free from dust	☐	☐

Workstation	**Yes**	**No**
Adjustable chair	☐	☐
Employee knowledgeable re: chair adjustment	☐	☐

Workstation (cont.)

	Yes	No
Does chair have arm rests? *If "yes":*	☐	☐
Do they interfere with arm movement?	☐	☐
Are they used for support when typing?	☐	☐
Workstation organized to minimize twisting and stretching	☐	☐
Is right or left handed desk compatible with employee?	☐	☐
Does employee use telephone frequently? *If "yes":*	☐	☐
Is phone within arm's reach?	☐	☐
Does employee use a headset?	☐	☐
Is work area free from clutter?	☐	☐
If the employee types or keyboards frequently, consider DRAGON or other voice recognition software.	☐	☐

Education

	Yes	No
Aware of need for stretch/exercise breaks	☐	☐
Able to demonstrate exercises for:		
Head, neck & shoulders	☐	☐
Lower back	☐	☐
Hand and Wrists	☐	☐
Lower extremities	☐	☐
Eyes	☐	☐

Equipment List

	In Use	Yes	No
Wrist Rest	☐	☐	☐
Foot Rest	☐	☐	☐
Glare Screen	☐	☐	☐
Document Holder	☐	☐	☐
Keyboard Drawer	☐	☐	☐
Phone Headset	☐	☐	☐
CRT Risers	☐	☐	☐
Lumbar Support	☐	☐	☐
Mouse Pad/Correct Level	☐	☐	☐
Other	_____		

HANDOUT Ergonomic Checklist *(revised 04/29/17)*