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.

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| **Item** | **The Office Chair** | **Yes** | **No** | **N/A** | **Suggested Action** |
| 1. | Can the height, seat and back of the chair be adjusted to achieve the posture outlined below? |  |  |  | * Obtain a fully adjustable chair
 |
| 2. | Are your feet fully supported by the floor when you are seated? |  |  |  |  |
| 3. | Does your chair provide support for your lower back? |  |  |  |  |
| 4. | When your back is supported, are you able to sit without feeling pressure from the chair seat on the back of your knees? |  |  |  |  |
| 5. | Do your armrests allow you to get close to your workstation? |  |  |  |  |





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| **Item** | **Keyboard and Mouse** | **Yes** | **No** | **N/A** | **Suggested Action** |
| 6. | Are your keyboard, mouse and work surface at your elbow height? |  |  |  |  |
| 7. | Are frequently used items within easy reach? |  |  |  |  |
| 8. | Is the keyboard close to the front edge of the desk allowing space for the wrist to rest on the desk surface? |  |  |  |  |
| 9. | When using your keyboard and mouse, are your wrists straight and your upper arms relaxed? *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.* |  |  |  |  |
| 10. | Is your mouse at the same level and as close as possible to your keyboard? |  |  |  |  |
| 11. | Is the mouse comfortable to use? |  |  |  |  |



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| **Item** | **Work Surface** | **Yes** | **No** | **N/A** | **Suggested Action** |
| 12. | Is your monitor positioned directly in front of you? |  |  |  |  |
| 13. | Is your monitor positioned at least an arm’s length away?* *Note: monitor’s location is dependent on the size of the monitor, the front, screen resolution and the individual user e.g. vision/use of bifocal or glasses etc.*
 |  |  |  |  |
| 14. | Is the monitor height slightly below eye level? |  |  |  |  |
| 15. | Is your monitor and work surface free from glare? |  |  |  |  |
| 16. | Do you have appropriate light for reading or writing documents? |  |  |  |  |
| 17. | Are frequently used items located within the usual work area and items which are only used occasionally in the occasional work area? |  |  |  |  |



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| **Item** | **Breaks** | **Yes** | **No** | **N/A** | **Suggested Action** |
| 18. | Do you take postural breaks every 30 minutes? *Standing, walking to printer etc.* |  |  |  |  |
| 19. | Do you take regular eye breaks from looking at your monitor? |  |  |  |  |

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| **Item** | **Accessories** | **Yes** | **No** | **N/A** | **Suggested Action** |
| 20. | Is there a document holder either beside the screen or between the screen and keyboard required? |  |  |  |  |
| 21. | Are you using a headset or speakerphone if you are writing or keying while talking on the phone? |  |  |  |  |

**Person Completing Assessment**

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| Name  |  | Position page3image5833520page3image5835600 | page3image2942608 |
| Signature  |  | Date page3image5839344page3image5839760 | page3image5841216 |