The Ergonomics Center

Office Ergonomics Checklist

Name:	Evaluator:	
Job Title:	Initial Evaluation Date:	
Company / Dept:	Scheduled Follow-up Date:	
Phone:	Email:	
Gender: **M** ☐ **F** ☐	Dominant Hand: **L** ☐ **R** ☐ **B** ☐	Height (in.):
Corrective Lenses: **Y** ☐ **N** ☐	If yes, then what type?	Weight: <250 250-350 >350
Days per week at workstation:	Number of hours at workstation:	Break frequency:
% Keyboard use:	% Pointing device use:	Source documents: Yes No
Call length & frequency:	Stretches: Yes No	

Evaluation Summary	***Picture(s)***

#	***Priority***	***Summary of Recommendations:***	***Date Completed***

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Attribute – Check box if action required		Action(s)
Chair		
Height *Thighs parallel to floor*	☐	
Seat Pan Depth *2-4 in between front of seat pan and back of knee*	☐	
Lumbar Support *Curve of support located in small of back*	☐	
Backrest Lock *Rest locked upright while computing*	☐	
Arm Rests *Adjusted to just under elbows while computing*	☐	
Comments:		
Worksurface, Keyboard Tray, & Input Devices		
Footrest *Chair height so thighs parallel to floor*	☐	
Workstation Height Adjustment *Adjustable between seated and standing elbow heights*	☐	
Keyboard Tray *Adjusted to below elbow height with no tilt toward user*	☐	
Space Requirement *Sufficient space for all equipment and accessories*	☐	
Keyboard *Located at elbow height in front of the user*	☐	
Pointing Device *Located close to the keyboard, fits the hand*	☐	
External Input Devices *Used with laptop to maintain upper extremity neutral postures*	☐	
Comments:		
Screens, Documents & Lighting		
External Monitor(s) *Use with laptop to maintain neck neutral posture*	☐	
Monitor Height *Top row of characters level with seated/standing eye height*	☐	
Monitor Distance *Arm's length away with fingers extended*	☐	
Multiple Screens *Position according to usage patterns*	☐	
Source Documents *Supported between screen and keyboard or beside screen*	☐	
Glare *Natural and artificial light minimized at source*	☐	
Lighting *Adequate lighting levels for tasks*	☐	
Comments:		

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