**Office Ergonomics Screening Tool**

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| Name: | | Evaluator: | |
| Job Title: | | Initial Evaluation Date: | |
| Company / Dept: | | Scheduled Follow-up Date: | |
| Phone: | | Supervisor Name: | |
| Gender: **M**  **F** | Dominant Hand: **L**  **R**  **B** | | Height (in.): |
| Corrective Lenses: **Y**  **N** | If yes, then what type? | | |
| Number of hours in an average workday spent in the office: | | | |

|  |  |  |  |
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| TASK BREAKDOWN | % Timespent per day | TASK BREAKDOWN | % Timespent per day |
| Computer |  | Writing/Drawing |  |
| Keyboard |  | Filing |  |
| Pointing device (e.g. mouse) |  | Time away from Workstation |  |
| Phone: Headset  Handset |  | Other: |  |
| What is the longest period of time that work is performed without a break? | | | |
| Does the worker perform stretching exercises? | | | |



The pointing device should be located next to the keyboard and at the same height.

Keyboard and pointing device located where the upper arm is by the worker’s side and elbows at 90 degrees with wrists straight.

Lumbar support adjusted to the small of the back

Seat pan adjusted so the thighs are parallel to the floor

Top row of characters on the screen level with worker’s physical eye height

Leg room should be free of obstructions

Feet should be firmly supported by the floor or by a footrest

Monitor located approximately arm’s length away from worker

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| ***Summary of Recommendations:*** | ***Date Completed*** |
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| ***Chair*** | **Y** | **N** | **N/A** | **Potential Fixes ** | |
| Can the chair height be adjusted so the worker’s thighs are parallel to the floor? |  |  |  | Adjust chair height |  |
| Can the lumbar support be adjusted so that it fits into the worker’s lumbar region of their back? |  |  |  | Adjust lumbar support |  |
| Does the backrest recline have a lockout to support the worker in an upright posture? |  |  |  | Provide new chair |  |
| Can the seat pan depth be adjusted to allow three fingers width between the back of the worker’s knee and the front of the seat pan? |  |  |  | Adjust seat pan depth |  |
| Can the armrests be adjusted to just below the elbow of the worker? |  |  |  | Adjust armrests | **** |
| Do the armrests allow the worker to get close enough to the workstation? |  |  |  | Remove armrests |  |
| Comments on Chair: | | | | | |
| ***Keyboard Tray, Keyboard & Pointing Device*** | **Y** | **N** | **N/A** | **Potential Fixes ** | |
| If the chair needs to be raised to position the worker better with respect to the keyboard and pointing device, is there a footrest available to keep the worker’s thighs parallel to the floor? |  |  |  | Provide footrest |  |
| Is there an articulating keyboard tray installed at the workstation? |  |  |  | Install keyboard tray |  |
| Is the keyboard tray large enough for both keyboard and pointing device? |  |  |  | Change or repair  keyboard tray |  |
| Is the keyboard tray stable? |  |  |  |
| Does the angle of the keyboard allow the wrists to be straight? |  |  |  | Change keyboard tray angle |  |
| Does the pointing device (e.g. mouse, trackball, etc.) fit the hand? |  |  |  | Provide different  pointing device |  |
| Is the pointing device located next to the keyboard in a location where it can be operated without extended reaching? |  |  |  | Adjust pointing device location |  |
| Is a wrist rest or padding available to protect against hand or forearm contact to sharp or hard edges? |  |  |  | Add wrist rest for keyboard and/or pointing device |  |
| Is the operator required to lean against the wrist rest to perform tasks? |  |  |  | Change wrist rest |  |
| If a laptop computer is used, are an external keyboard and pointing device provided? |  |  |  | Provide external devices |  |
| Comments on Keyboard Tray, Keyboard, and Pointing Device: | | | | | |
| ***Monitor & Source Document*** | **Y** | **N** | **N/A** | **Potential Fixes ** | |
| If a laptop computer is used, is an external monitor provided? |  |  |  | Provide monitor |  |
| Is the monitor located in front of the worker? |  |  |  | Reposition monitor |  |
| Is the monitor approximately an arm’s length (with fingers extended) away from the worker? |  |  |  |
| Is the monitor set at a height so that the top row of characters on the screen is even with the seated eye height of the user? |  |  |  | Lower monitor |  |
| Raise monitor |  |
| Is font size, screen contrast and/or image quality in print and on monitor acceptable? |  |  |  | Add document holder |  |
| If a document holder is used, is the document holder located adjacent to the computer screen? |  |  |  | Move document holder |  |
| Comments on Monitor & Source Document: | | | | | |

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| ***Phone & Printer*** | **Y** | **N** | **N/A** | **Potential Fixes ** | |
| Is the phone located on the same side as the hand that is used to answer it? |  |  |  | Move phone to opposite  side |  |
| Can the phone be answered without extended reaching? |  |  |  | Move phone closer |  |
| Does the worker talk on the phone without cradling it? |  |  |  | Add headset |  |
| Does the worker utilize speaker phone or a headset while participating in conference calls? |  |  |  |
| Can the printer be accessed without extended reaching? |  |  |  | Relocate printer |  |
| Comments on Phone & Printer: | | | | | |
| ***Worksurface*** | **Y** | **N** | **N/A** | **Potential Fixes ** | |
| Is there sufficient space for all equipment and accessories? |  |  |  | Reorganize furniture |  |
| Are frequently used equipment and supplies within arm’s reach? |  |  |  | Reorganize equipment |  |
| Are equipment and supplies grouped according to use patterns? |  |  |  | Reorganize supplies |  |
| Is the worksurface height adjustable? |  |  |  | Provide height adjustable workstation |  |
| Comments on Worksurface: | | | | | |
| Workspace | **Y** | **N** | **N/A** | **Potential Fixes ** | |
| Is the CPU in a location that does not interfere with positioning of the worker in the workstation? |  |  |  | Reposition CPU |  |
| Can the worker move about the workspace easily, free from equipment or supplies obstructing movement? |  |  |  | Organize workspace |  |
| Is there adequate leg clearance (height, width, depth)? |  |  |  | Provide leg room |  |
| Is there sufficient storage and filing room to keep the work area free from clutter? |  |  |  | Provide additional  storage |  |
| Comments on Workspace: | | | | | |
| ***Environment*** | **Y** | **N** | **N/A** | **Potential Fixes ** | |
| Is lighting adequate for all tasks? |  |  |  | Provide task lighting |  |
| Is the monitor screen free of glare from overhead lighting? |  |  |  | Reduce overhead lighting |  |
| Is the monitor located perpendicular to windows or are windows heavily tinted? |  |  |  | Use blinds |  |
| Is equipment noise minimized at the source? |  |  |  | Reduce noise |  |
| Is the workstation climate acceptable? |  |  |  | Change climate |  |
| Comments on Environment: | | | | | |

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| **Picture and/or Sketch of Workstation** | |
| **Follow Up Evaluation *Note completion date of recommendations on previous page*** | |
| Responsible Follow Up Evaluator: | Date: |
| Is the worker satisfied with the changes made to the workstation? | |
| Are there any additional changes that need to be made? | |
| Has the worker’s discomfort been addressed? | |
| **Comments from worker:** | |