

Office Ergonomics Workstation Evaluation

Prepared for:

Date:

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected, and its operations are compliant with any law, rule or regulation.

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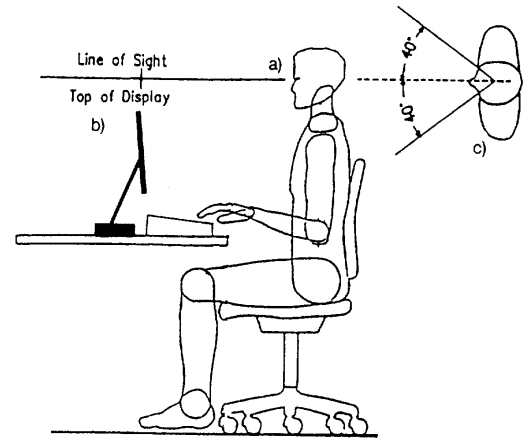


OVERVIEW

Company: _____ **Date of evaluation:** _____
Employee: _____ **Dept/location:** _____
Evaluation by: _____ **Employee status:** New EE Existing EE
Average daily PC usage: 0 to 1 hour 2 to 4 hours 5 to 7 hours Over 7 hours
Describe: _____
Is there a history of discomfort? Yes No **Describe:** _____

GENERAL RECOMMENDATIONS

- Position elbows at 90 degrees with wrists straight.
- Keep upper arms located near torso.
- Ensure keyboard is set to the same height as the elbows.
- Keep mouse next to the keyboard and at the same height.
- Position top of screen at eye level.
- Ensure monitor is approximately an arm's length away from eyes.
- Feet should be firmly supported by the floor or by a footrest.
- Keep leg room free of obstructions.
- Adjust seat height so the thighs are parallel to the floor.
- Place lumbar support adjacent to the small of the back.



ASSESSMENT

Chair	Yes	No	N/A	Recommendations
<ul style="list-style-type: none"> • Are thighs parallel to the floor? • Are feet flat on the floor? • Is the seat pan well rounded and the right size? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lower seat height <input type="checkbox"/> Raise seat height <input type="checkbox"/> Provide footrest <input type="checkbox"/> Change chair style
<ul style="list-style-type: none"> • Is lumbar support adequate? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide lumbar support apparatus <input type="checkbox"/> Adjust lumbar support
<ul style="list-style-type: none"> • Are chair arms adjusted to height so that arms are parallel to floor and shoulders are relaxed? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adjust chair arms <input type="checkbox"/> Provide different chair
Notes:				<input type="checkbox"/> Refer to observations/recommendations section
Keyboard/Mouse	Yes	No	N/A	Recommendations
<ul style="list-style-type: none"> • Are wrists straight on keyboard and forearms parallel to floor? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide extended articulating keyboard tray that accommodates mouse <input type="checkbox"/> Provide short keyboard (without numerical keys)

				<input type="checkbox"/> Raise the keyboard <input type="checkbox"/> Lower the keyboard <input type="checkbox"/> Provide wrist rest for keyboard <input type="checkbox"/> Adjust angle of keyboard <input type="checkbox"/> Provide ergonomic keyboard
• Is the mouse in proper position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Place mouse on tray adjacent to keyboard <input type="checkbox"/> Provide wrist rest for mouse
• Is shape of mouse appropriate and comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Replace the mouse
Notes:				<input type="checkbox"/> Refer to observations/recommendations section
Monitor	Yes	No	N/A	Recommendations
• Is a laptop screen being used as a secondary monitor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Either align split between the monitors with the user's midline or center primary monitor in front of user and position secondary monitor on side of the dominant eye.
• If 'yes,' is the top of the laptop screen level with the top of the primary monitor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Is the primary monitor directly in front of user?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Reposition laptop <input type="checkbox"/> Reposition monitor <input type="checkbox"/> Raise monitor <input type="checkbox"/> Lower monitor <input type="checkbox"/> Adjust monitor tilt angle <input type="checkbox"/> Add task lighting <input type="checkbox"/> Adjust overhead lighting <input type="checkbox"/> Close curtains, blinds, etc.
• Is the top of the screen at or below eye level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Is the monitor 16" to 24" from worker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Is the monitor free from glare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:				
Phone	Yes	No	N/A	Recommendations
• Is phone usage required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide headset
• Are postures neutral while on the phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Reposition phone
Notes:				<input type="checkbox"/> Refer to observations/recommendations section
Workstation	Yes	No	N/A	Recommendations
• Is the workstation set up so that most frequent work is within 45 degrees to each side of center?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Reconfigure workstation
• Are awkward postures minimized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

• Are twisting and bending movements minimized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Is the workstation set up so that overhead reaches are minimized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are hardcopy documents positioned so that a neutral neck position is maintained while transcribing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide document holder adjacent to monitor
• Is there a need for the user to alternate between sitting and standing through the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide a sit-to-stand workstation
• If 'yes,' does the workstation adjust so the user can alternate between sitting and standing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:				<input type="checkbox"/> Refer to observations/recommendations section
Additional Information	Yes	No	N/A	Recommendations
• Has employee received ergonomic training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide training
• Has employee been trained on workstation setup?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:				<input type="checkbox"/> Refer to observations/recommendations section

OBSERVATIONS AND RECOMMENDATIONS

Additional comments and recommendations:

At the time of the evaluation, the following adjustments were completed:

Photo(s) attached:

