

Office Ergonomic Self-Assessment Form

Name: _____ **Phone:** _____ **Employee #:** _____

Location: _____ **Evaluation By:** _____ **Date:** _____

Cost Center: _____ **Job Title:** _____

EFT: _____ **Hours of Work per day (e.g. 7.75 etc.):** _____

Schedule: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Dominant Hand: Right Left **Employee Height:** _____ Ft _____ Inches

Daily PC Usage At Work: 0-2 Hours 2-4 Hours 4-6 Hours 6+ Hours

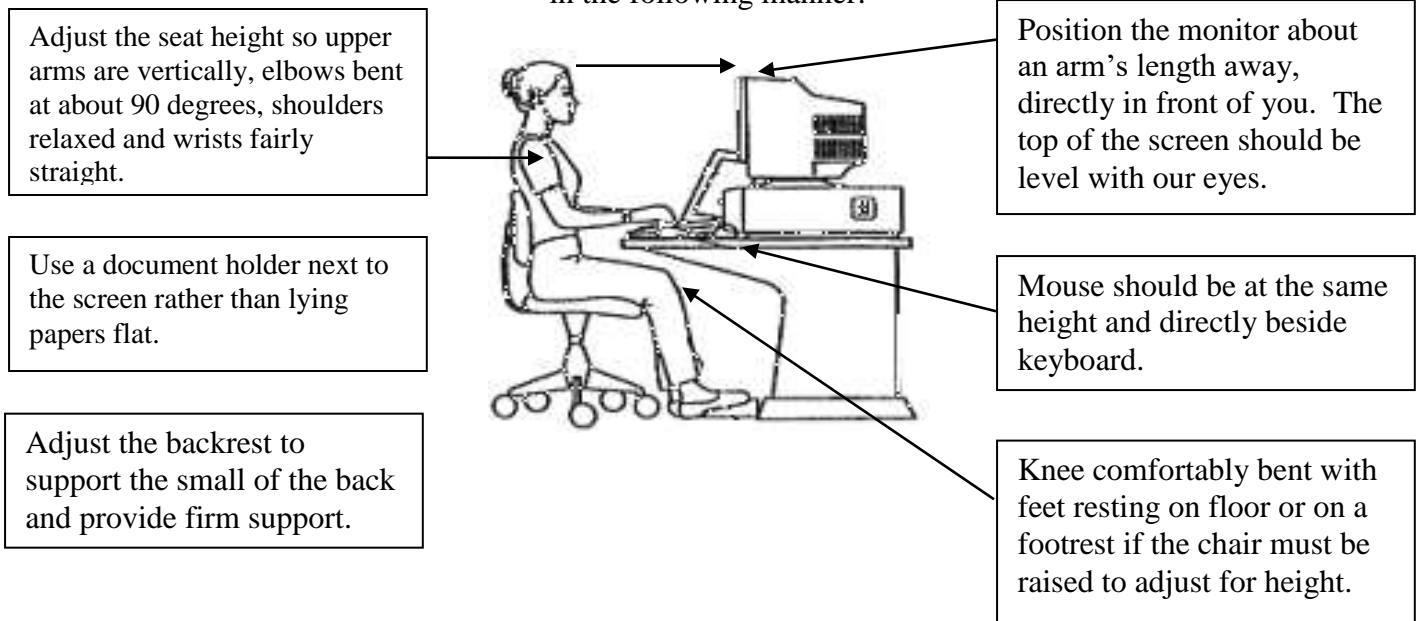
Health Issues **Non-Health Issues** **Eyeglasses:** Yes No

Employee: **Contractor:** **Supervisor:** _____

Comments: _____

WORKSTATION TUNE-UP

The following workstation arrangement works well for many people.
Try to adjust the height of your chair, monitor, and keyboard
in the following manner:



CHAIR – is it ergonomically sound?

	Yes	No
Lower back supported?	<input type="checkbox"/>	<input type="checkbox"/>
Seat pan length adequate?	<input type="checkbox"/>	<input type="checkbox"/>
Knees at 90°?	<input type="checkbox"/>	<input type="checkbox"/>
Upper legs parallel to floor?	<input type="checkbox"/>	<input type="checkbox"/>
Feet flat on floor/foot rest?	<input type="checkbox"/>	<input type="checkbox"/>
Hips creating a 90-110° angle	<input type="checkbox"/>	<input type="checkbox"/>

Recommendations

- 1. Adjust back rest, seat pan, arm rests
- 2. Raise chair
- 3. Lower chair
- 4. *Footrest – obtain from Material Management*
- 5. Educate on chair functions
- 6. Evaluate other chair
Body Height: _____
Body Frame: Small Medium Large
- 7. Sit Upright, creating a 90-110° angle at hips
- 8. Other: _____

KEYBOARD/HANDS – is it ergonomically sound?

	Yes	No
Keying/Mouse grip force OK?	<input type="checkbox"/>	<input type="checkbox"/>
Mouse next to keyboard & at same height	<input type="checkbox"/>	<input type="checkbox"/>
Elbows close to body?	<input type="checkbox"/>	<input type="checkbox"/>
Elbow at 90-110° angle?	<input type="checkbox"/>	<input type="checkbox"/>
Forearms parallel to floor?	<input type="checkbox"/>	<input type="checkbox"/>
Wrists straight and level	<input type="checkbox"/>	<input type="checkbox"/>

Recommendations

- 9. Adjust keyboard angle
- 10. Raise keyboard
- 11. Lower keyboard
- 12. Needs adjustable keyboard tray
- 13. Needs wrist rest Surf mounted Discuss
- 14. Needs corner sleeve (surf board)
- 15. Position mouse next to keyboard & at same height
- 16. Needs mouse tray attached to keyboard tray
- 16a. *Consult with IT for ergonomically compatible mouse & keyboard tray*
- 16b. Relax shoulders
- 17. Other: _____

MONITOR – is it ergonomically sound?

	Yes	No
Monitor directly in front of user?	<input type="checkbox"/>	<input type="checkbox"/>
Viewing distance 16-28”?	<input type="checkbox"/>	<input type="checkbox"/>
Top of screen slightly below seated eye level	<input type="checkbox"/>	<input type="checkbox"/>
Screen free of glare, reflections?	<input type="checkbox"/>	<input type="checkbox"/>
Visual comfort (brightness & Contrast) OK?	<input type="checkbox"/>	<input type="checkbox"/>
Eyeglass prescription OK (exam w/in 2 yrs)?	<input type="checkbox"/>	<input type="checkbox"/>
Task lighting within visual field?	<input type="checkbox"/>	<input type="checkbox"/>

Recommendations

- 18. Reposition monitor (rt angle to window, b/t overhead lights)
- 19. Lower monitor
- 20. Raise monitor
- 21. Adjust monitor tilt angle
- 22. Add/adjust task lighting
- 22a. Align monitor and keyboard directly in front of user
- 23. Reposition entire PC workstation
- 24. Lower blinds during “glare times”
- 24a. *Use glare screen (obtain from Material Mgt.)*
- 25. Lower office lighting
- 26. Refocus on distant objects (30 sec. every 30 min)
- 27. Change screen colors to provide good contrast (dark letters on light background)
- 28. Other: _____

COPYHOLDER – is it ergonomically sound?

Recommendations

Copyholder use OK? **Yes** **No**

- 29. Needs copy holder – obtain from Material Mgt.
- 30. Position copy holder at same height and distance as monitor
- 31. Work not conducive to holder use

PHONE – is it ergonomically sound?

Recommendations

Phone on correct side (e.g. on **Yes** **No**
left if right handed vs vice versa)
Phone cradling kept to a
minimum?

- 32. Maintain neck/head straight and upright
- 33. Use speaker phone
- 34. Needs Headset. Contact IT dept.
- 35. Other: _____

GENERAL OFFICE/WORK HABITS – is it ergonomically sound?

Recommendations

Intermittent keying? **Yes** **No**

Is back twisting minimized?
Are awkward postures
minimized?
Items used most frequently
within easy reach?

- 36. Mini breaks (2-3 minutes every 45 minutes of PC Work); alternate between typing and non-typing work
- 37. Change office layout
- 38. Change drawer/shelf location/reconfigure furniture-. Contact Site Maintenance dept.
- 39. Position frequently used items in easy reach
- 40. Incorporate stretching exercises into daily schedule- literature left with employee
- 41. Clear underside of desk from obstacles and clutter
- 42. Locate most frequently used items within 18” of natural range of reach
- 43. Cubicle space limitations-contact Manager/Supervisor
- 44. Other: _____

Action item for employee:

Employee to perform self assessment completing all fields as listed on the left side of the form. Further information/guideline assistance can be found on HPS. **Further WS&H program review upon medical requirement as directed by a physician. Please include a digital photo of the staff at their workstation from side and behind office chair angles.** Return by e-mail to wsh@southernhealth.ca

Other: _____

Follow up: Yes No Date: _____ Closed: _____