# Office Ergonomic Assessment

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| --- | --- |
| Name |  |
| Job Title |  |
| Workstation Location |  |
| Phone Number |  | Email Address |  |
| Employee Number |  | Date |  |
| Evaluator Name |  |

### Hazards

|  |  |
| --- | --- |
| Areas of pain |  |
| **Does the employee:** |
| Perform stretching exercises? | Yes | No |
| Change posture hourly? | Yes | No |
| Have conditions that may impact workstation setup? | Yes | No |
| If so, list here (with employee permission) |
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### Chair

|  |
| --- |
| **Concerning the employee** |
| Are the knees bent 90 degrees? | Yes | No |
| Are the hips at 90 to 110 degrees? | Yes | No |
| Is the lower back supported? | Yes | No |
| Are the feet flat on the floor? | Yes | No |
| Are the upper legs parallel to the floor? | Yes | No |
| Are the shoulders behind the hips? | Yes | No |
| Suggestions |  |
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### Hands and Keyboard

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| **Is the keyboard** |
| Aligned with the monitor? | Yes | No |
| Near the front of the desk? | Yes | No |
| Directly in front of the employee? | Yes | No |
| Close to/directly next to the mouse? | Yes | No |
| **Concerning the employee** |
| Is the gripping force acceptable? | Yes | No |
| Are the forearms parallel to the floor? | Yes | No |
| Are the elbows at 90 to 110 degrees? | Yes | No |
| Are the elbows close to the body? | Yes | No |
| Are the elbows slightly above desk height? | Yes | No |
| Are the wrists straight/unbent? | Yes | No |
| Suggestions |  |
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### Monitor

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| **Is the monitor** |
| Directly in front of the employee? | Yes | No |
| 16 to 28 inches from the employee's face? | Yes | No |
| Just below eye level at the top of the screen? | Yes | No |
| Visually comfortable in brightness and contrast? | Yes | No |
| Free from reflections or glare? | Yes | No |
| Clearly visible without straining the neck? | Yes | No |
| Suggestions |  |
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### Physical Documents and Telephone

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| **Is the copyholder** |
| Sufficient in use? | Yes | No |
| **Is the telephone** |
| Within arm's easy reach? | Yes | No |
| On the left side if right handed (vice versa)? | Yes | No |
| Used with a headset for extended talking? | Yes | No |
| Held correctly (never between the neck and shoulder)? | Yes | No |
| Suggestions |  |
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### General Environment

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| **Is the employee** |
| Taking regular breaks from typing? | Yes | No |
| Minimizing back twisting? | Yes | No |
| Minimizing unnatural postures (including slouches)? | Yes | No |
| Organizing items efficiently (frequent items closer)? | Yes | No |
| Suggestions |  |
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### Outcome

If any answer to a question is “No,” adjustments must be made to correct the concern.

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| --- | --- |
| Employee comments |  |
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| Employee signature |  | Date |  |
| Evaluator comments |  |
|  |
|  |
|  |
| Evaluator Signature |  | Date |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Follow-up required? | Yes | No | Follow-up date |  | Closed? | Yes | No |