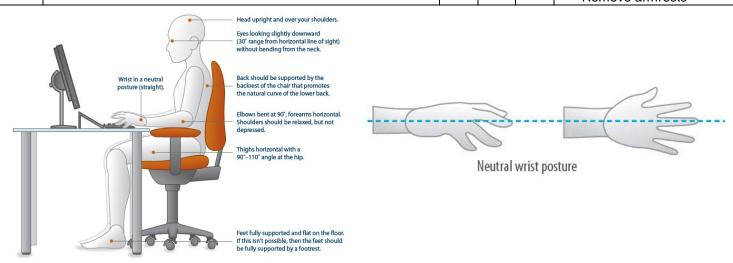
Computer Workstation Ergonomics: Self-Assessment Checklist

The goal of this self-assessment is to help you set up your workstation for optimal comfort and performance. For more information, refer to the <u>National Institutes of Health, Office of Research Services, Division of Occupational Health and Safety website</u>.

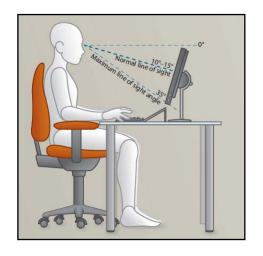
Item	The Office Chair	Yes	No	N/A	Suggested Actions
1.	Can the height, seat and back of the chair be adjusted to achieve the posture outlined below?				Obtain a fully adjustable chair
2.	Are your feet fully supported by the floor when you are seated?				Lower the chairUse a footrest
3.	Does your chair provide support for your lower back?				Adjust chair backObtain proper chairObtain lumbar roll
4.	When your back is supported, you able to sit without feeling pressure from the chair seat on the back of your knees?				Adjust seat panAdd a back support
5.	Do your armrests allow you to get close to your workstation?				Adjust armrests Remove armrests

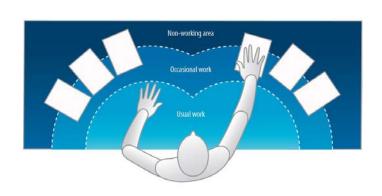


Item	Keyboard and Mouse	Yes	No	N/A	Suggested Actions
6.	Are your keyboard, mouse and work surface at your elbow height?				 Raise / lower workstation Raise or lower keyboard Raise or lower chair
7.	Are frequently used items within easy reach?				Rearrange workstation
8.	Is the keyboard close to the front edge of the desk allowing space for the wrist to rest on the desk surface?				Move keyboard to correct position
9.	When using your keyboard and mouse, are your wrists straight and your upper arms relaxed? The keyboard should be flat and not propped up on keyboard legs as an angled keyboard may place the wrist in an awkward posture when keying.				 Re-check chair, raise or lower as needed Check posture Check keyboard and mouse height
10.	Is your mouse at the same level and as close as possible to your keyboard?				 Move mouse closer to keyboard Obtain larger keyboard tray if necessary
11.	Is the mouse comfortable to use?				Rest your dominant hand by using the mouse with your non-dominant hand

Item	Keyboard and Mouse	Yes	No	N/A	Suggested Actions
					for brief periods (mouse buttons can be changed within the computer control panel) Investigate alternate mouse options.

Item	WorkSurface	Yes	No	N/A	Suggested Actions
12.	Is your monitor positioned directly in front of you?				Reposition monitor
13.	Is your monitor positioned at least an arm's length away? Note: the monitor's location is dependent on the size of the monitor, the font, screen resolution and the individual user e.g. vision/use of bifocal spectacles etc.				Reposition monitor Seek an alternative monitor if necessary e.g. flat screen that uses less space
14.	Is your monitor height slightly below eye level?				Add or remove monitor stand Adjust monitor height
15.	Is your monitor and work surface free from glare?				 Windows at side of monitor Adjust overhead lighting Cover windows Obtain antiglare screen
16.	Do you have appropriate light for reading or writing documents?				 Obtain desk lamp Place on left if right- handed – place on right if left handed
17.	Are frequently used items located within the usual work area and items which are only used occasionally in the occasional work area?				Rearrange worsktation





Item	Breaks	Yes	No	N/A	Suggested Actions
18.	Do you take postural breaks every 30 minutes? E.g. standing, walking to printer / fax etc.?				Set reminders to take breaks
19.	Do you take regular eye breaks from looking at your monitor?				Refocus on picture on wall every 30 minutes



Item	Accessories					Yes	No	N/A	Suggested Actions		
20.	Is there a sloped desk surface or angle board for reading and writing tasks if required?								Obtain an angle board		
21.					en				Obtain document holder		
22.		a headset or speakerpalking on the phone?	phone if you are writ	ing or					Obtain a headset if using the phone and keyboard		
Item	Laptop					Yes	No	N/A	Suggested Actions		
23.									Obtain appropriate laptop accessories		
Item	"Hot Desking	" (when applicable)				Yes	No	N/A	Suggested Actions		
24.		, support and supervisi	ion to make above					-	33.		
erson Name	Completing As	sessment		Posit	tion						
Signa	ture			Date							
OHS E	irgonomics Sp	ecialist									
Name					Positi	ion					
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	ments/ mmendations										