Ergonomics Checklist - Computer and General Workstations

Information to collect before conducting the Ergonomics Assessment

1. Evaluation Completed by_____
2. Date_____
3. Employee Name(s) observed_____
4. Department_____
5. Job Title_____
6. Length of time on job: _____yrs._____ months
7. Shift_____
8. Shift Length_____
9. Hours worked per week_____

10. Break schedules_____
11. Computer Use _____hours/day_____days/week
12. Percent of time using keyboard vs. mouse/other input device per shift

    _____%Keyboard_____%Mouse

13. Is the employee Left or Right Handed? _____
14. Does employee wear bi/trifocal glasses?
15. Is this a multi-user workstation &(# users)? _____

16. Ask if employee has discomfort when performing task (note part of body and briefly describe issue) ***Do not*** ask for medical or related information.---
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16. Ask the employee: 'How can the design of the job tasks be improved to make the job easier to perform (or to relieve discomfort)?
_____
_____

17. Are there any planned changes to the way the job is to be performed? If Yes, describe:
_____
_____

18. List any other tasks performed and % of time/shift e.g. making copies; document assembly; working at another computer station

Task	% of time per shift	Notes

Continue on back of sheet as necessary

For all task assessments:

- For each task step observed systematically observe and evaluate hands/fingers then arms, neck, back and lastly legs and feet.

- Follow the checklist and examine and note the cause of awkward postures, forceful and/or repetitive motions, contact stress points, etc.

- Note any employee modifications to the workstation and the reason for use

- Evaluate the physical environment – noise, lighting & glare, airflow & ventilation, floor surface, etc.

- Make a 'Birds-Eye' view sketch of the work area including worksurface shape and location of all frequently used equipment and tools.
  Refer to your training handout for more assessment tips

Item	Y	N	Action Taken/Adjustment Made	Further Action Needed? If Yes Described
A. Work Height and Surface:				
1. Are the hands at the correct height for the type of work being performed? (Compare to elbow angle and hand height)	☐	☐		
2. Is the task performed at the correct type of work station? (sitting, standing or sit /stand)	☐	☐		
3. Is the work surface height adjustable to the user or the task?	☐	☐		
4. If yes, is the range of height adjustability acceptable?	☐	☐		
5. Is the work surface big enough to accommodate a monitor and keyboard or other equipment necessary and to perform all tasks?	☐	☐		
6. Can the workspace be adapted for right or left-hand use?	☐	☐		
7. Are contact stress points from work surface corners and edges or other items padded or minimized?	☐	☐		
8. Is leg clearance adequate (forward, side to side & under the worksurface) so the user can adopt different postures?	☐	☐		
9. Are working surfaces stable when loaded?	☐	☐		
10. Is the surface thin enough to provide adequate leg space?	☐	☐		
11. Are surfaces non-reflective?	☐	☐		
12. If this is a multi-user workstation – can station be easily adjusted to 'fit' other users?	☐	☐		
B. Chair:				
1. Is the chair or stool easily adjustable and suited to the task and the user	☐	☐		
2. Is the range of height adjustment adequate?	☐	☐		
3. Can the chair height be adjusted from a seated position?	☐	☐		
4. Is adjustment of other controls conveniently located and easy to use?	☐	☐		
5. Is the chair adjusted to ensure proper posture, such as arms comfortably at sides with elbows at about 90-degree angle and straight wrists at keyboard?	☐	☐		
6. Is the chair adjusted to ensure proper posture, e.g., knees and hips bent at approximately 90 - 120 degrees	☐	☐		

Item	Y	N	Action Taken/Adjustment Made	Further Action Needed? If Yes Described
Chairs continued				
7. Are feet supported - angle no more than 20 degrees and legs in neutral (thighs parallel to the floor)?	☐	☐		
8. Is footrest (if used) wide enough and high enough for feet & legs to be supported in a neutral position?	☐	☐		
9. Is the back support in the lumbar region? (Up & down mechanism)	☐	☐		
10. Is the back supported? (Use back support depth adjustment and/or back support tilt)	☐	☐		
11. Is the tension of the backrest adjustable?	☐	☐		
12. Is the back rest too high forcing shoulders to be rounded?	☐	☐		
13. Do chair arms interfere with movement or reach?	☐	☐		
14. Do chair arms allow the employee to get close to the worksurface	☐	☐		
15. If chair arms are used to support forearms during data entry do they promote neutral postures and avoid contract stress?	☐	☐		
16. Are armrests sufficiently padded?	☐	☐		
17. Are armrests adjustable up and down?	☐	☐		
18. Are armrests adjustable side to side?	☐	☐		
19. Does seat pan width and depth accommodate the user?	☐	☐		
20. Does the seat pan position adjust horizontally and lock?	☐	☐		
21. Does the chair have a padded seat with rounded front edge?	☐	☐		
22. Does the seat pan tilt?	☐	☐		
23. Does the chair have a stable 5-leg base caster base?	☐	☐		
24. Are casters matched to the type of floor surface?	☐	☐		
25. Is a hard floor cover needed to minimize force when moving chair when in seated position at the workstation?	☐	☐		
26. Is the chair in good repair?	☐	☐		
27. Does the chair material and fabric meet applicable fire codes?	☐	☐		

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Keyboard/Mouse:				
1. Is a laptop used as the primary computer?	☐	☐		
2. If yes, are there a docking station and/or full size independent keyboard and/or monitor used to facilitate neutral body postures when using the laptop?	☐	☐		
3. Is the keyboard and mouse or input device located in front and close to the user?	☐	☐		
4. Is the height and tilt of the keyboard work surface adjustable?	☐	☐		
5. If so, are adjustments easy to make (accessible, intuitive and using minimal force)?	☐	☐		
6. Do the operator's wrists rest in a neutral position when keying and when using the mouse or other input device?	☐	☐		
7. Is a wrist support (if used) are wrists in neutral posture (i.e. support should be as high as the space bar when used/ compressed)?	☐	☐		
8. Is wrist rest or support firm but cushioned	☐	☐		
9. Is the mouse or pointing device on the same surface, height and distance as the keyboard?	☐	☐		
10. Does position and design of mouse/input device promote neutral posture of the fingers, thumb, wrist and arms (i.e. minimize shoulder abduction and reach and eliminate bending of the wrist)	☐	☐		
11. Does the pointing device is easy to activate and fits the hand comfortably?	☐	☐		
12. Does keying require minimal force?	☐	☐		
Monitors:				
1. If using more than one monitor can the primary monitor be placed in front of the user?	☐	☐		
2. If using 2 or more monitors equally can monitors be positioned slightly inward (slight curved position) to aid viewing and placed at same viewing distance and height so that users' gaze falls to center of each monitor?	☐	☐		
3. Is the monitor placed directly in front of the employee?	☐	☐		
4. Is the top line of the screen(s) at or slightly below eye level – with employees' head and neck upright?	☐	☐		

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Monitors continued				
5. Can the monitor(s) be angled backwards/forwards as needed	☐	☐		
6. Can the monitor(s) be moved to adjust the viewing distance as preferred by user (head/neck and torso are upright and in a neutral position)?	☐	☐		
7. Can a user who wears bifocal or trifocal (progressive) lenses read the screen(s) without bending the neck more than 20 degrees forward.	☐	☐		
8. Is the monitor(s) screen large enough to read text easily?	☐	☐		
9. Is MS Clear type used to improve font clarity?	☐	☐		
10. Can text size and/or font type and/or background color contrast be improved if needed?	☐	☐		
11. Are brightness and contrast controls easily adjustable and are they adjusted appropriately?	☐	☐		
12. Is the screen clean (dust free) and free of flickering?				
Reach distances:				
1. Are <u>frequently</u> used work items (e.g., keyboard, mouse, phone) within 12 - 14" in front of the employee?	☐	☐		
2. Are infrequently used work items within arms' reach and below chest height?	☐	☐		
3. Is twisting and reaching to the side, behind or across the body minimized?	☐	☐		
Lighting:				
1. Is there sufficient lighting without causing glare?	☐	☐		
2. Are task lights provided as necessary?				
3. Is the ambient lighting in the area of the computer minimized when feasible?	☐	☐		
4. Does user have control over lighting at workstation?	☐	☐		
Noise:				
5. Does noise from ventilation systems, fans, computers, photocopiers, telephones, conversations in aisle ways, outside traffic, etc., Interfere with communication or reduce concentration etc.?	☐	☐		

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Item	Y	N	Action Taken/Adjustment Made	Further Action Needed? If Yes Described
Airflow:				
6. Is there visible dust/dirt on worksurfaces , keyboards and monitor?	☐	☐		
7. Is air flowing from ventilation systems and/or fans blowing directly into the employee's eyes?	☐	☐		
8. Is ambient temperature comfortable for employee	☐	☐		
Work Space:				
1. Is the work area free of pinch points and protrusions?	☐	☐		
2. Does the layout of the area and the flow of work appear to be logical, organized and efficient?	☐	☐		
Panels				
1. Are workstations positioned to avoid glare and reflection?	☐	☐		
2. Do panels provide sufficient privacy?	☐	☐		
3. Do panels hold noise to an acceptable level?	☐	☐		
4. Does panel height allow for adequate natural light and air circulation?	☐	☐		
Misc. Items:				
1. Is there an adjustable document holder for users who frequently work from hard copy or drawings?	☐	☐		
2. Is it large enough to hold documents/files used?	☐	☐		
3. Is it placed at about the same height and distance from the user as the monitor screen or angled in beneath the monitor and directly in front of the user ?	☐	☐		
4. The telephone can be used with the head upright (not bent) and the shoulders relaxed?	☐	☐		
5. Are cords and wires neatly stored and routed out of the way to avoid tripping?	☐	☐		
6. Are cords and wires long enough for equipment (e.g. mouse/input devices) to be set-up in optimal position for the user?	☐	☐		
7. Are printers or other frequently used equipment within easy reach and accessible using neutral postures?	☐	☐		
8. Is adequate space provided for storage of copies, handbooks, documents, reference materials and personal belongings?	☐	☐		

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Item	Y	N	Action Taken/Adjustment Made	Further Action Needed? If Yes Described
Body Posture and Work Methods:				
1. If employee has modified the workstation, describe why?	☐	☐		
2. Does employee have good posture and sitting habits?	☐	☐		
3. Does work appear organized?	☐	☐		
4. Are extra or unnecessary body movements avoided when performing tasks? (Compare to other workers)	☐	☐		
5. Does employee take scheduled breaks?	☐	☐		
6. Are high stroke rates avoided by adequate rest pauses, self-pacing or by alternating tasks?	☐	☐		
7. Macro shortcuts used?	☐	☐		
8. Is employee trained	☐	☐		
i. In proper postures?	☐	☐		
ii. In proper work methods?	☐	☐		
iii. Trained in when and how to adjust their workstations?	☐	☐		
iv. How to use to set up computer workstation and/or use laptop in area work areas, at meetings and at home?	☐	☐		
v. In how to seek assistance with concerns?	☐	☐		
vi. To change position frequently - stand up and sit down and take microbreaks?	☐	☐		
9. Does employee perform stretching and eye/visual exercises to prevent fatigue?	☐	☐		
10. Does employee have an eye exam every 2 years and know about the use of computer glasses as needed?	☐	☐		

Adapted from State of Washington Dept. of Labor, 1996; OROSHA, 2004, Cornell University, 2011.