

ERGONOMIC ASSESSMENT FORM

Please fill out as fully as possible and return to your assigned ergonomic evaluator.

Employee: Today's Date: Phone Number:

Job Title: Supervisor: Date of Hire:

Organization: Department: Site:

Do you wear corrective glasses? Yes No Type(reading, bifocal, etc.):

Height: Work Schedule:

Location of your home office (counter top, kitchen table, desk, etc.):

What are your typical tasks throughout the day?

Average time spent per day on the following:

Using the phone: Using a Headset:

Typing: Using a Mouse:

Sitting: Standing:

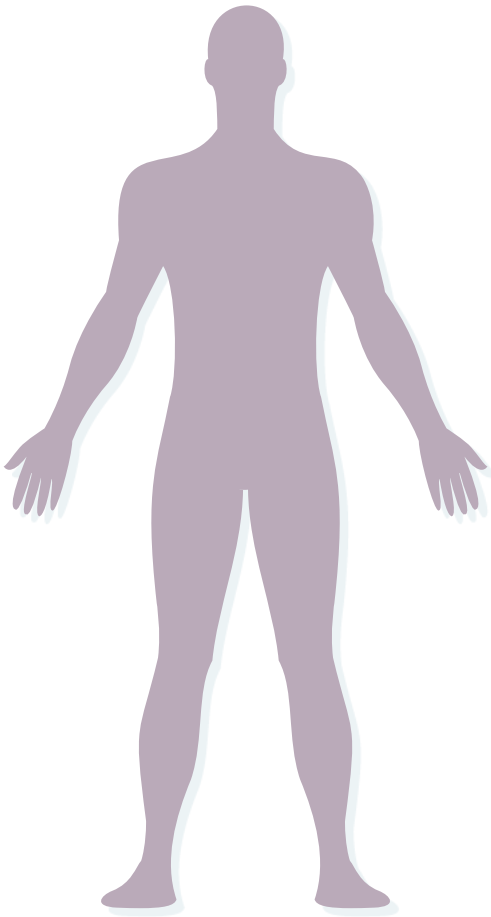
Other: Other:

Describe where you are experiencing discomfort:

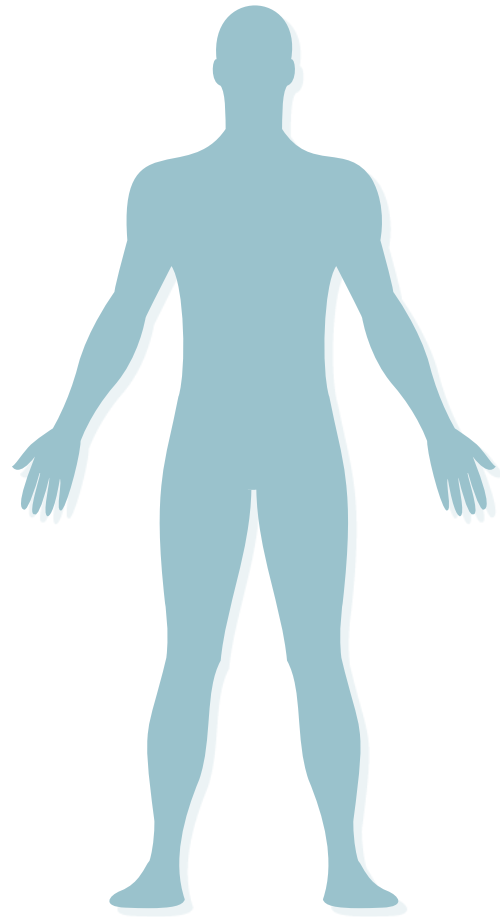
ERGONOMICS ASSESSMENT FORM

Please click on the relevant body parts.

Front



Back



Has anything helped to relieve those discomforts?

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Item: Chair

Can the height, seat and back of the chair be adjusted? Yes No N/A

Comments:

Are your feet fully supported by the floor when you are seated? Yes No N/A

Comments:

Does your chair provide support for your lower back? Yes No N/A

Comments:

When your back is supported, are you able to sit without feeling pressure from the chair seat on the back of your knees? Yes No N/A

Comments:



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Item: Keyboard & Mouse

Are your Keyboard, mouse and work surface at your elbow height? Yes No N/A
Comments:

Are frequently used items within easy reach? Yes No N/A
Comments:

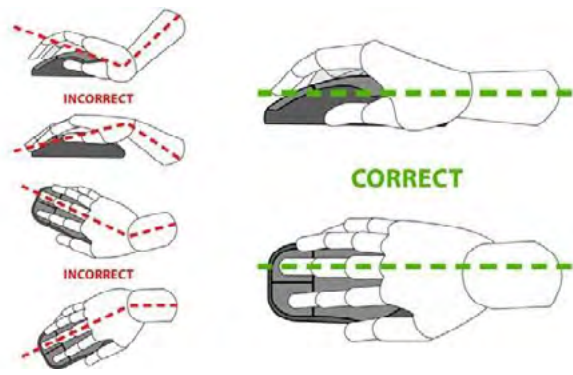
Is the keyboard close to the front edge of the desk allowing space for the wrist to rest on the desk? Yes No N/A
Comments:

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. Yes No N/A
Comments:

Is your mouse at the same level and as close as possible to your keyboard? Yes No N/A
Comments:

Is the mouse comfortable to use? Yes No N/A
Comments:

Is your mouse at the same level and as close as possible to your keyboard? Yes No N/A
Comments:



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Item: Work Surface

Is your monitor positioned directly in front of you? Yes No N/A

Comments:

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.

Yes No N/A

Comments:

Is your monitor height slightly below eye level? Yes No N/A

Comments:

Is your monitor and work surface free from glare? Yes No N/A

Comments:

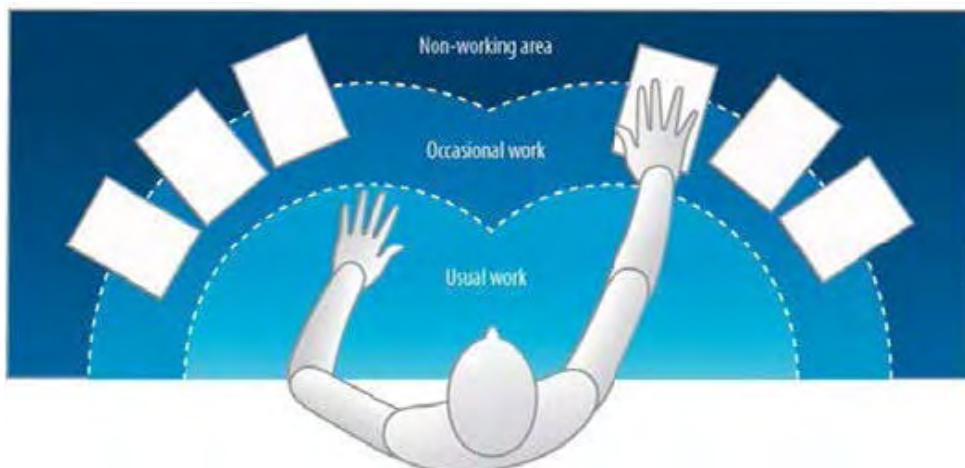
Do you have appropriate light for reading or writing documents? Yes No N/A

Comments:

Are frequently used items located within the usual work area and items which are only used occasionally in the occasional work area?

Yes No N/A

Comments:



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Item: Breaks

Do you take postural breaks every 30 minutes? E.g. standing, walking to printer/fax etc.?

Yes No N/A

Comments:

Do you take regular breaks from looking at your monitor?

Yes No N/A

Comments:

Item: Accessories

Is there a document holder either beside the screen or between the screen and keyboard if required?

Yes No N/A

Comments:

Are you using a headset or speakerphone if you are writing or keying while talking on the phone?

Yes No N/A

Comments:

Additional Comments: