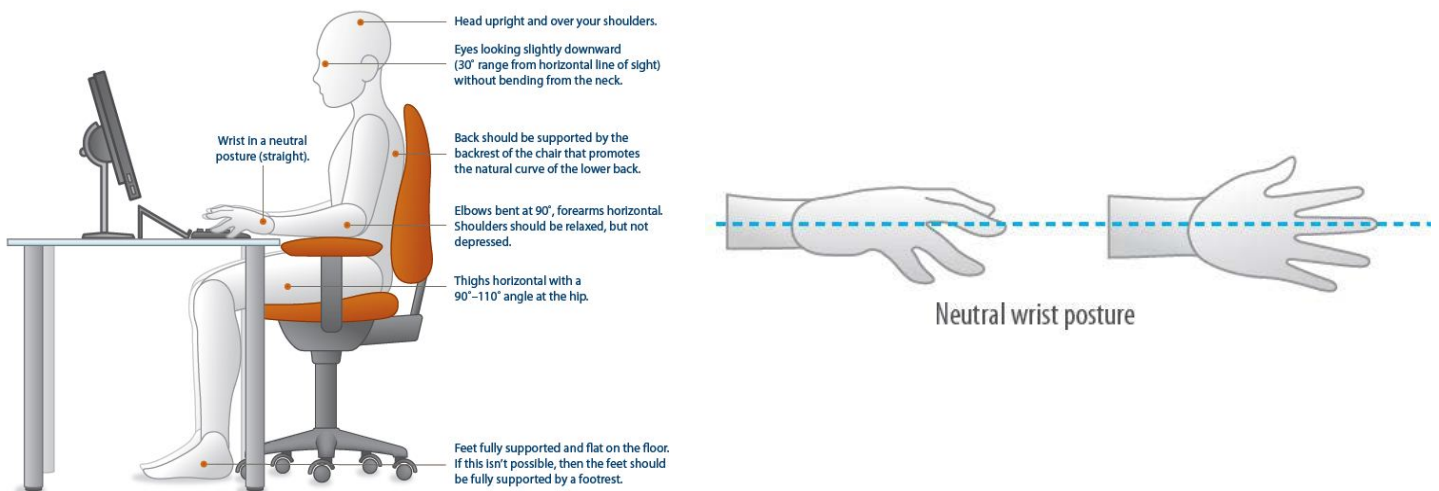


Computer Workstation Ergonomics: Self-Assessment Checklist

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 [National Institutes of Health, Office of Research Services, Division of Occupational Health and Safety website](#).

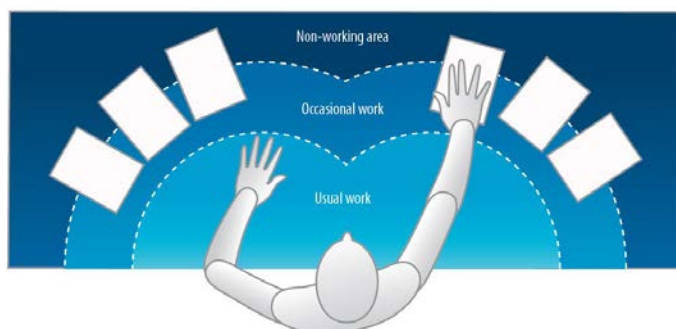
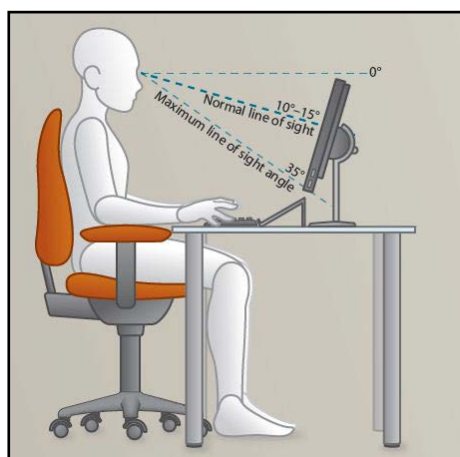
Item	The Office Chair	Yes	No	N/A	Suggested Actions
1.	Can the height, seat and back of the chair be adjusted to achieve the posture outlined below?				<ul style="list-style-type: none"> Obtain a fully adjustable chair
2.	Are your feet fully supported by the floor when you are seated?				<ul style="list-style-type: none"> Lower the chair Use a footrest
3.	Does your chair provide support for your lower back?				<ul style="list-style-type: none"> Adjust chair back Obtain proper chair Obtain 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?				<ul style="list-style-type: none"> Adjust seat pan Add a back support
5.	Do your armrests allow you to get close to your workstation?				<ul style="list-style-type: none"> 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?				<ul style="list-style-type: none"> Raise / lower workstation Raise or lower keyboard Raise or lower chair
7.	Are frequently used items within easy reach?				<ul style="list-style-type: none"> 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?				<ul style="list-style-type: none"> Move keyboard to correct position
9.	When using your keyboard and mouse, are your wrists straight and your upper arms relaxed? <i>The keyboard should be flat and <u>not</u> propped up on keyboard legs as an angled keyboard may place the wrist in an awkward posture when keying.</i>				<ul style="list-style-type: none"> 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?				<ul style="list-style-type: none"> Move mouse closer to keyboard Obtain larger keyboard tray if necessary
11.	Is the mouse comfortable to use?				<ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> Investigate alternate mouse options.

Item	WorkSurface	Yes	No	N/A	Suggested Actions
12.	Is your monitor positioned directly in front of you?				<ul style="list-style-type: none"> 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.				<ul style="list-style-type: none"> 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?				<ul style="list-style-type: none"> Add or remove monitor stand Adjust monitor height
15.	Is your monitor and work surface free from glare?				<ul style="list-style-type: none"> Windows at side of monitor Adjust overhead lighting Cover windows Obtain antiglare screen
16.	Do you have appropriate light for reading or writing documents?				<ul style="list-style-type: none"> 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?				<ul style="list-style-type: none"> Rearrange workstation



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.?				<ul style="list-style-type: none"> Set reminders to take breaks
19.	Do you take regular eye breaks from looking at your monitor?				<ul style="list-style-type: none"> 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?				<ul style="list-style-type: none"> Obtain an angle board
21.	Is there a document holder either beside the screen or between the screen and keyboard if required?				<ul style="list-style-type: none"> Obtain document holder
22.	Are you using a headset or speakerphone if you are writing or keying while talking on the phone?				<ul style="list-style-type: none"> Obtain a headset if using the phone and keyboard

Item	Laptop	Yes	No	N/A	Suggested Actions
23.	In the event of using a laptop computer for prolonged periods of time use of; <ul style="list-style-type: none"> A full sized external keyboard and mouse; Docking station with full sized monitor or a laptop stand 				<ul style="list-style-type: none"> Obtain appropriate laptop accessories

Item	“Hot Desking” (when applicable)	Yes	No	N/A	Suggested Actions
24.	Provided time, support and supervision to make above adjustments.				

Following completion of this checklist, please discuss any concerns or requirements with your DOHS ergonomics specialist. All completed assessments should be submitted to your DOHS ergonomics specialist.

Person Completing Assessment

Name		Position	
Signature		Date	

DOHS Ergonomics Specialist

Name		Position	
Signature		Date	
Comments/ Recommendations			