

OFFICE ERGONOMICS SELF-INSPECTION CHECKLIST

This checklist is intended to highlight key aspects of a good ergonomic work environment. It is an assessment tool that allows workers to consider various aspects of a workstation set-up. For every “No” response, workers are required to make the appropriate adjustments. Once complete, forward the completed form to your supervisor.

NAME: _____ **PHONE:** _____

HEAD AND NECK	YES	NO
Have you adjusted your monitor so the top line of text is near eye level? (For bifocal/ progressive lens monitor to be slightly lower and tilted back)		
Is your primary monitor directly in front of you?		
Is the distance between your eyes and the screen about an arm’s length?		
If you use a document holder, is it close to or directly in front of your monitor?		
If you frequently use the phone, do you wear a headset?		
Is your chin tucked in and head squared over your shoulders while seated?		
BACK AND LEGS	YES	NO
Is the area under your desk uncluttered, to allow for comfortable legroom?		
When sitting is your lower back well supported by the chair backrest (reclined slightly, 90 to 110-degree angle at the hips)?		
When sitting are your feet flat on the floor or supported by a footrest?		
When sitting are your thighs parallel to the floor?		
When sitting is there a slight gap between the edge of the seat and backs of your knees?		
When sitting is the seat pan in a comfortable position (not sliding forward)?		
Can your chair glide freely?		
Is your chair in good repair?		
ARMS, WRISTS AND HANDS	YES	NO
Have you adjusted your keyboard and mouse such that your:		
• Forearms are parallel to the floor and supported?		
• Elbows are bent about 90 degrees and the same height as the keyboard and mouse?		
• Shoulders and upper arms are relaxed?		
• Wrists are in neutral position (not bent) and not resting on a hard surface?		
Is your mouse close to the keyboard?		
If your chair has armrests, do they comfortably support both forearms?		
Whey keying:		
• Fingers are relaxed		
• Light touch on keys used		
• Two hands used for dual-key work		
• Whole arm movement is used		



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When mousing:		
• Fingers are relaxed		
• Whole arm movement is used		
• Have you considered left and right hand mousing to reduce repetition on one side?		
EYES (LIGHTING AND GLARE)	Yes	No
Is your monitor:		
• Placed at a right angle to the window?		
• Placed away from direct overhead lights?		
• Adjusted so that the brightness and contrast controls are comfortable for you?		
Is there adequate lighting for writing and reading?		
WORK DESIGN AND HABITS	Yes	No
Is your work area organized so that frequently used items are close to you to avoid reaching?		
Do you alternate tasks, or rotate jobs, throughout the day?		
Do you take breaks and microbreaks for stretching and to recover worked muscles?		
Do you rest your eyes every 20 minutes looking 20 feet away for 20 seconds?		
Have tripping hazards and clutter been addressed?		
Are proper lifting techniques followed?		

NOTES
