

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.

PHONE:

NAME:

BACK AND LEGS	YES	NO
Is the area under your desk uncluttered?		
Can your chair glide freely?		
Is your chair in good working condition?		
When sitting:		
Is your lower back supported by the chair backrest (reclined slightly, 90 to 110-degree angle at the hips)?		
Are your feet resting on the floor or supported by a footrest?		
Are your thighs parallel to the floor?		
Is there a slight gap between the edge of the seat and the backs of your knees?		
Is your body weight evenly distributed across the seat?		
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)		
If you frequently use the phone, do you wear a headset?		
If you use a document holder, is it close to or directly in front of your monitor?		
Is your primary monitor directly in front of you?		
Is the distance between your eyes and the screen approximately arm's length?		
Is your chin tucked in and head squared over your shoulders?		
ARMS, WRISTS AND HANDS	YES	NO
Have you adjusted your keyboard and mouse such that your:		
Forearms are supported and horizontal to the floor?		
• Elbows are bent about 90 degrees and the same height as the keyboard and mouse?		
Shoulders and upper arms are relaxed?		
Wrists are in a neutral position (not bent) and not resting on a hard surface?		
Mouse and keyboard are close and at the same height?		
Does your chair armrests:		
Comfortably support your forearms close to your body?		
Allow you to work close to your workstation?		



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Then typing or using the mouse.		
Are fingers relaxed?		
Are wrists relaxed and straight?		
Is a light touch on keys used?		
Are two hands used when typing?		
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 near?		
To avoid repetitive strain, do you alternate tasks 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		