

Workstation Analysis and Evaluation

Date :	Employee Name
Company	
Complaints, symptoms or specific concerns:	

X - No Changes √ if corrections made (Circle) if needs future Modification

Work Posture

Chair

- | | | |
|--|--|--|
| <input type="checkbox"/> Option to Sit or Stand | <input type="checkbox"/> Footrest available | <input type="checkbox"/> Seat pan tilt |
| <input type="checkbox"/> Has proper support and adjustability for worker and tasks | <input type="checkbox"/> Seat depth adjustment | <input type="checkbox"/> Seat wedge |
| <input type="checkbox"/> Height adjust | <input type="checkbox"/> Cushion or pillow | <input type="checkbox"/> Armrest |
| <input type="checkbox"/> Backrest adjust | | |

Work Surface

- | | | |
|---|---|---|
| <input type="checkbox"/> Height- Raise/Lower __in. for __ Tasks | <input type="checkbox"/> Surface tilt up/down | <input type="checkbox"/> Position of Writing hand |
| <input type="checkbox"/> Space and organization zones | <input type="checkbox"/> Other: | |

Keyboard

- | | | |
|---|--|--|
| <input type="checkbox"/> Height- Raise/Lower | <input type="checkbox"/> Ergonomic shape | <input type="checkbox"/> Keyboard Tray |
| <input type="checkbox"/> Easily adjustable | <input type="checkbox"/> Rests breaks | <input type="checkbox"/> Tilt |
| <input type="checkbox"/> Wrist rests level between 1 st & 3 rd Row Keys | <input type="checkbox"/> Low force applied to keys | <input type="checkbox"/> Negative |

Mouse

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Height level with 1-3 row keyboard | <input type="checkbox"/> Wrist rest | <input type="checkbox"/> Wrist neutral |
|---|-------------------------------------|--|

Monitor

- | | | |
|--|---|--|
| <input type="checkbox"/> Raise/Lower __ Inches | <input type="checkbox"/> Tilted | <input type="checkbox"/> Glare Guard |
| <input type="checkbox"/> Axis of vision, consistent with neutral head position | <input type="checkbox"/> Screen Reflections | <input type="checkbox"/> Sitting Centred |

Document Holder

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Desk/monitor Height | <input type="checkbox"/> Sides alternated | <input type="checkbox"/> Angled |
| <input type="checkbox"/> Lighting | | |

CPU

- | | |
|---|--|
| <input type="checkbox"/> In Proper Zone | <input type="checkbox"/> No awkward reaching |
|---|--|

Phone

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Phone support/Headset | <input type="checkbox"/> Not cradled in neck | <input type="checkbox"/> Place on R/L |
|--|--|---------------------------------------|

Printer

- | | | |
|--|---------------------------------|--|
| <input type="checkbox"/> No awkward reaching | <input type="checkbox"/> Zone C | <input type="checkbox"/> Supplies convenient |
|--|---------------------------------|--|

Filing cabinets

- | |
|---|
| <input type="checkbox"/> Placed to Minimize twisting ,bending, and reaching |
|---|

Lighting

- | | | |
|---|---|--|
| <input type="checkbox"/> Luminance/ Glare | <input type="checkbox"/> Ambient Lighting | <input type="checkbox"/> Task Lighting |
|---|---|--|

Flooring

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Adequate cushion in walking and standing areas | <input type="checkbox"/> Non-slip |
|---|-----------------------------------|

Comments :