Computer Workstation Ergonomics: Self-Assessment Checklist

The goal of this self-assessment instrument (adapted from National Institute of Health) is to help you set up your workstation for optimal comfort and performance.

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| **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?  |  |  |  | • Obtain a fully adjustable chair  |
| 2.  | Are your feet fully supported by the floor when you are seated?  |  |  |  | * Lower the chair
* Use a footrest
 |
| 3.  | Does your chair provide support for your lower back?  |  |  |  | * Adjust chair back
* Obtain proper chair
* Obtain lumbar roll
 |
| 4.  | When your back is supported, are you able to sit without feeling pressure from the chair seat on the back of your knees?  |  |  |  | * Adjust seat pan
* Add a back support
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| 5.  | Do your armrests allow you to get close to your workstation?  |  |  |  | * Adjust armrests
* Remove armrests
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| Adapted from Humanscale Corporation brochure with permission 2020 |  |

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| **Item**  | **Keyboard and Mouse**  | **Yes**  | **No**  | **N/A**  | **Suggested Actions**  |
| 6.  | Are your keyboard, mouse and work surface at or slightly below your elbow height?  |  |  |  | * Raise / lower workstation
* Raise or lower keyboard
* Raise or lower chair
 |
| 7.  | Is the keyboard close to the front edge of the desk allowing space for the wrist to rest on the desk surface?  |  |  |  | • Move keyboard to correct position  |
| 8.  | 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.*  |  |  |  | * Re-check chair, raise or lower as needed
* Check posture
* Check keyboard and mouse height
 |
| 9.  | Is your mouse at the same level and as close as possible to your keyboard?  |  |  |  | * Move mouse closer to keyboard
* Obtain larger keyboard tray if necessary
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| 10.  | Is the mouse comfortable to use?  |  |  |  | • Rest your dominant hand by using the mouse with your non-dominant hand  |

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| **Item**  | **Keyboard and Mouse**  | **Yes**  | **No**  | **N/A**  | **Suggested Actions**  |
|  |  |  |  |  | for brief periods (mouse buttons can be changed within the computer control panel) • Investigate alternate mouse options.   |

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| **Item**  | **Work Surface**  | **Yes**  | **No**  | **N/A**  | **Suggested Actions**  |
| 11.  | Is your monitor positioned directly in front of you?  |  |  |  | • Reposition monitor  |
| 12.  | 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.  |  |  |  | * Reposition monitor
* Seek an alternative monitor if necessary, e.g. flat screen that uses less space

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| 13.  | Is your monitor height slightly below eye level?  |  |  |  | * Add or remove monitor stand
* Adjust monitor height
 |
| 14.  | Is your monitor and work surface free from glare?    |  |  |  | * Place monitor(s) parallel (side by side) to windows, not behind or in front of.
* Adjust overhead lighting
* Cover windows
* Obtain antiglare screen
 |
| 15.  | Do you have appropriate light for reading or writing documents?  |  |  |  | * Obtain desk lamp
* Place on left if righthanded – place on right if left-handed
 |
| 16.  | Are frequently used items within easy reach: commonly used items located within the repetitive tasks work area and occasionally used items located in the occasional work area?  |  |  |  | • Rearrange workstation  |



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|  **Item**  | **Stand** | **Yes**  | **No**  | **N/A**  | **Suggested Actions**  |
| 17.  | Do you change posture every 20-30 minutes: switch between sitting and standing if equipped with sit-stand desk for 15-20 minutes per hour, otherwise, stand, walk to printer, etc.?  |  |  |  | • Set reminders to switch between sitting and standing  |
|  **Item**  | **Rest Breaks**  | **Yes**  | **No**  | **N/A**  | **Suggested Actions**  |
| 18 | Do you take two or three 30 to 60 second microbreaks each hour to allow your body to recover from periods of repetitive stress. |  |  |  | • Set reminders to take breaks  |
| 19.  | Do you follow the 20-20-20 rule for your eyes: for every 20 minutes spent staring at a screen, look away at an object that is 20 feet away for a minimum of 20 seconds?  |  |  |  | • Refocus on an object 20’ away for 20 seconds every 20 minutes  |

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| **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?  |  |  |  | • Obtain an angle board  |
| 21.  | Is there a document holder either beside the screen or between the screen and keyboard if required?  |  |  |  | • Obtain document holder  |
| 22.  | Are you using a headset or speakerphone if you are writing or keying while talking on the phone?  |  |  |  | • Obtain a headset if using the phone and keyboard  |

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|  **Item**  | **Laptop**  | **Yes**  | **No**  | **N/A**  | **Suggested Actions**  |
| 23.  | When using a laptop computer for a prolonged period, are you using: * A full-sized external keyboard and mouse;
* Docking station with full sized monitor or a laptop stand?
 |  |  |  | • Obtain appropriate laptop accessories  |
| **Item**  | **“Hot Desking” (when applicable)**  | **Yes**  | **No**  | **N/A**  | **Suggested Actions**  |
| 24.  | Are you provided time, support and supervision to make above adjustments?  |  |  |  |   |

 Upon completion of this checklist, please submit it to your Safety and Health Administrator or Ergonomist and discuss any concerns or requirements with them.

**Person Completing Assessment**

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| Name  |    | Position  |   |
| Signature  |    | Date  |   |

Safety and Health Administrator or Ergonomist

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| Name  |    | Position  |   |
| Signature  |    | Date  |   |
| Comments/ Recommendations  |  |