

COMPUTER WORKSTATION EVALUATION

Employee Name: _____ Evaluation Date: _____ Report Date: _____

Eval Requested by: _____ Dept: _____ Facility: _____

Evaluator: _____

Symptoms (check all that apply & indicate <u>R</u> ight/ <u>L</u> eft if applicable)	<input type="checkbox"/> wrist/forearm/elbow	<input type="checkbox"/> neck/shoulder	<input type="checkbox"/> lower back
	<input type="checkbox"/> eyestrain/headaches	<input type="checkbox"/> mid-back	<input type="checkbox"/> upper back

TASKS PERFORMED

1. Data Entry:	<input type="checkbox"/> 0 – 2 hrs	<input type="checkbox"/> 2 – 4 hrs	<input type="checkbox"/> > 4hrs
2. Phone Use:	<input type="checkbox"/> 0 – 2 hrs	<input type="checkbox"/> 2 – 4 hrs	<input type="checkbox"/> > 4hrs
3. Writing:	<input type="checkbox"/> 0 – 2 hrs	<input type="checkbox"/> 2 – 4 hrs	<input type="checkbox"/> > 4hrs

SITTING POSTURE/CHAIR

1. Does the chair provide lumbar support?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> lumbar adjusted <input type="checkbox"/> alternate chair recommended
2. Is the backrest easily adjustable?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> recommend back support <input type="checkbox"/> alternate chair recommended
3. Are feet flat on the floor or is footrest being used?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> chair height adjusted <input type="checkbox"/> footrest recommended
4. Are the armrests adjustable?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> recommend armrests/alternate chair
5. Shoulders relaxed; elbows at approx. 90°?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> adjusted armrests
6. Is there 2-3 inches between knee and chair?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> adjusted depth of chair

KEYBOARD & MOUSE

7. Does height of keyboard allow wrists to be straight and shoulders relaxed?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> keyboard on desk - made adjustments <input type="checkbox"/> keyboard tray adjusted
8. Are palms being supported?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> recommend wrist rest <input type="checkbox"/> recommend keyboard tray
9. Are the “feet” on the back of the keyboard raised?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> lowered feet on keyboard
10. Is the keyboard tray level or at a negative tilt?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> adjusted tilt of keyboard tray <input type="checkbox"/> N/A

KEYBOARD & MOUSE (cont.)

11. Does the keyboard tray have a mouse platform or is the mouse located in a position that does not cause shoulder extension/abduction?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> recommend mouse platform <input type="checkbox"/> recommend alternate keyboard tray <input type="checkbox"/> moved mouse closer
12. Is the wrist extended and/or on a hard surface or sharp edge when using the mouse?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> recommend mouse wrist rest
13. Is their >15° ulnar deviation when typing?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> recommend “natural” keyboard

MONITOR

14. Is the viewing area at or 15° below eye level?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> raised monitor
15. Is the monitor 18 "- 24" from eyes (arms length)?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> adjusted viewing distance
16. Is the monitor tilted slightly (~15°) up?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> adjusted tilt
17. Does the worker wear bifocals?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> adjusted height of monitor
18. Is the keyboard aligned in front of the monitor?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> adjusted alignment

LIGHTING

19. Is their sufficient lighting?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> recommend task lighting
20. Is the monitor positioned so that light from windows or overhead lighting is not causing glare?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> reposition monitor <input type="checkbox"/> recommend glare screen

WORKSPACE/TOOLS

21. Are documents located in alignment with the keyboard and monitor?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> recommend “in-line” document holder <input type="checkbox"/> recommend “side-mount” doc holder
22. Are shoulders being “lifted” when writing?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> adjusted height of chair
23. Are frequently used items within reaching distance?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> rearranged work area
24. Is the phone used frequently?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> recommend headset <input type="checkbox"/> has headset to use
25. Is a pen/pencil used frequently?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> recommend PhD pen/pencil
26. Is a ten-key calculator used frequently?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> recommended wrist rest

WORK ENVIRONMENT

27. Is the temperature a comfortable level?	<input type="checkbox"/> Y	<input type="checkbox"/> N	
28. Discuss benefit of taking micro-breaks	<input type="checkbox"/> Y	<input type="checkbox"/> N	
29. Employee has previously been trained in proper work methods, posture and worksite design?	<input type="checkbox"/> Y	<input type="checkbox"/> N	
30. Is the noise level at a comfortable level?	<input type="checkbox"/> Y	<input type="checkbox"/> N	
31. Are employees exposed to vibrating tools/equipment?	<input type="checkbox"/> Y	<input type="checkbox"/> N	

Observations/Comments:

RECOMMENDED EQUIPMENT:

Description	Item #	Est. Price	Vendor
1.			
2.			
3.			

Follow-Up Plan:

Results:

Pics

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