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)	☐ wrist/forearm/elbow ☐ eyestrain/headaches	☐ neck/shoulder ☐ mid-back	☐ lower back ☐ upper back

TASKS PERFORMED

1. Data Entry:	☐ 0 – 2 hrs	☐ 2 – 4 hrs	☐ > 4hrs
2. Phone Use:	☐ 0 – 2 hrs	☐ 2 – 4 hrs	☐ > 4hrs
3. Writing:	☐ 0 – 2 hrs	☐ 2 – 4 hrs	☐ > 4hrs

SITTING POSTURE/CHAIR

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

KEYBOARD & MOUSE

7.	Does height of keyboard allow wrists to be straight and shoulders relaxed?	☐ Y	☐ N	☐ keyboard on desk - made adjustments ☐ keyboard tray adjusted
8.	Are palms being supported?	☐ Y	☐ N	☐ recommend wrist rest ☐ recommend keyboard tray
9.	Are the "feet" on the back of the keyboard raised?	☐ Y	☐ N	☐ lowered feet on keyboard
10.	Is the keyboard tray level or at a negative tilt?	☐ Y	☐ N	☐ adjusted tilt of keyboard tray ☐ 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?	☐ Y	☐ N	☐ recommend mouse platform ☐ recommend alternate keyboard tray ☐ moved mouse closer
12. Is the wrist extended and/or on a hard surface or sharp edge when using the mouse?	☐ Y	☐ N	☐ recommend mouse wrist rest
13. Is their >15º ulnar deviation when typing?	☐ Y	☐ N	☐ recommend "natural" keyboard
MONITOR			
14. Is the viewing area at or 15º below eye level?	☐ Y	☐ N	☐ raised monitor
15. Is the monitor 18 "- 24" from eyes (arms length)?	☐ Y	☐ N	☐ adjusted viewing distance
16. Is the monitor tilted slightly (~15º) up?	☐ Y	☐ N	☐ adjusted tilt
17. Does the worker wear bifocals?	☐ Y	☐ N	☐ adjusted height of monitor
18. Is the keyboard aligned in front of the monitor?	☐ Y	☐ N	☐ adjusted alignment
LIGHTING			
19. Is their sufficient lighting?	☐ Y	☐ N	☐ recommend task lighting
20. Is the monitor positioned so that light from windows or overhead lighting is not causing glare?	☐ Y	☐ N	☐ reposition monitor ☐ recommend glare screen
WORKSPACE/TOOLS			
21. Are documents located in alignment with the keyboard and monitor?	☐ Y	☐ N	☐ recommend "in-line" document holder ☐ recommend "side-mount" doc holder
22. Are shoulders being" lifted" when writing?	☐ Y	☐ N	☐ adjusted height of chair
23. Are frequently used items within reaching distance?	☐ Y	☐ N	☐ rearranged work area
24. Is the phone used frequently?	☐ Y	☐ N	☐ recommend headset ☐ has headset to use
25. Is a pen/pencil used frequently?	☐ Y	☐ N	☐ recommend PhD pen/pencil
26. Is a ten-key calculator used frequently?	☐ Y	☐ N	☐ recommended wrist rest
WORK ENVIRONMENT			
27. Is the temperature a comfortable level?	☐ Y	☐ N	
28. Discuss benefit of taking micro-breaks	☐ Y	☐ N	
29. Employee has previously been trained in proper work methods, posture and worksite design?	☐ Y	☐ N	
30. Is the noise level at a comfortable level?	☐ Y	☐ N	
31. Are employees exposed to vibrating tools/equipment?	☐ Y	☐ N	

Observations/Comments:

RECOMMENDED EQUIPMENT:

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

Follow-Up Plan:

Results:

Pics