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.

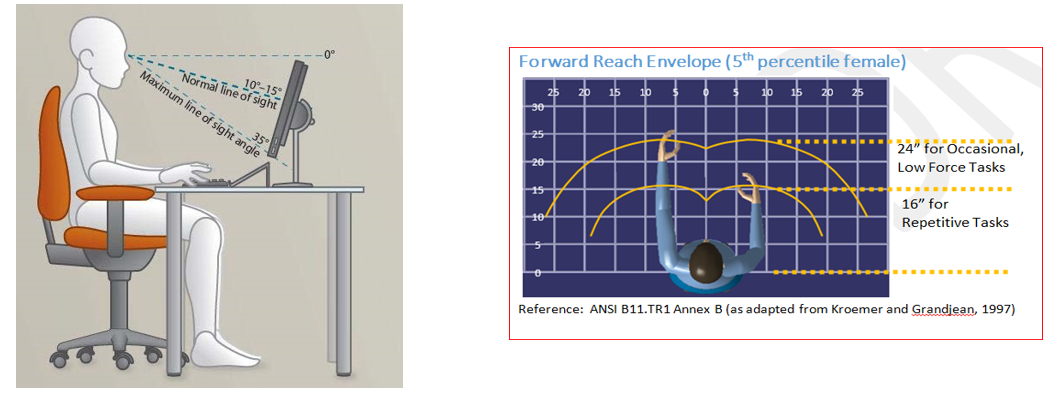
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| **Item** | **The Office Chair** | **Yes** | **No** | **N/A** | **Suggested Actions** |
| 1. | Can the height, seat and back of the chair be adjusted to achieve the posture outlined below? |  |  |  | • Obtain a fully adjustable chair |
| 2. | Are 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 |
| 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 |
| 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 |
| 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 |  | | |