

### OFFICE WORKSTATION ASSESSMENT SURVEY

<b>Employee Name:</b>	<b>Date:</b>
<b>Job Title:</b>	<b>Dept.:</b>
<b>Extension:</b>	<b>Yrs. at Position:</b>
<b>Right / Left Handed</b>	<b>Employee Height:</b> ft.                  inches

<b>Job Description:</b>
<b>Other Jobs Assigned During the Day:</b>

<b>Breaks – Time /</b> <b>Morning</b> _____ <b>Lunch</b> _____ <b>Afternoon</b> _____
<b>Evaluator Name:</b> _____ <b>Extension:</b> _____
<b>Daily Computer Use:</b> <input type="checkbox"/> 2 hours or less per day <input type="checkbox"/> 2 to 4 hours per day <input type="checkbox"/> >5 hours per day

<b>Workstation Assigned to More Than One User?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>If Yes, How Many Employees Share the Work station ?</b> _____

**CHAIR:**

<b>Task</b> <input type="checkbox"/>	<b>Ergonomic</b> <input type="checkbox"/>	<b>Executive</b> <input type="checkbox"/>	<b>Other</b> <input type="checkbox"/>
<input type="checkbox"/> <b>Adjustable from Seated Position</b>	<input type="checkbox"/> <b>Adjustable Seat, “Waterfall Edge”</b>		
<input type="checkbox"/> <b>Backrest Supports Lower Back</b>	<input type="checkbox"/> <b>Adjustable or Removable Arm Rest</b>		
<input type="checkbox"/> <b>Swivel, 5 – point Base and Casters</b>			

**SITTING POSTURE: (make the applicable adjustments with employee)**

<input type="checkbox"/> <b>Head in Neutral</b>	<input type="checkbox"/> <b>Feet Flat on the Floor or Footrest</b>
<input type="checkbox"/> <b>Forearms Parallel to Floor</b>	<input type="checkbox"/> <b>Shoulders Relaxed, Hang Loosely at Sides</b>
<input type="checkbox"/> <b>Knees at 90° – 110° angle</b>	<input type="checkbox"/> <b>Neutral Spine in Natural Curve</b>
<input type="checkbox"/> <b>Screen 18” to 24” from Eyes</b>	<input type="checkbox"/> <b>Elbows Close to Body</b>
<input type="checkbox"/> <b>Wrists Neutral and Straight</b>	

<b>Is Footrest Available?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>If YES, Is It Used?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Is It Adjustable?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**DESK:**

<input type="checkbox"/> <b>Standard Office Desk</b>	<input type="checkbox"/> <b>Computer Worktable</b>
<input type="checkbox"/> <b>Desk Has Rounded Edges</b>	<input type="checkbox"/> <b>Desk Has Sharp Edges</b>
<input type="checkbox"/> <b>Sufficient Leg Room</b>	<input type="checkbox"/> <b>Sufficient Knee Room</b>
<input type="checkbox"/> <b>Free of Clutter Under Desk</b>	<input type="checkbox"/> <b>Most Used Items – Within Easy Reach</b>

**KEYBOARD / MOUSE:**

<input type="checkbox"/> <b>On top of Desk</b>	<input type="checkbox"/> <b>In Articulating Arm</b>				
<input type="checkbox"/> <b>In Slide Drawer</b>	<input type="checkbox"/> <b>On Typewriter</b>				
<input type="checkbox"/> <b>In Front of Employee</b>	<input type="checkbox"/> <b>Left Side of Employee</b>	<input type="checkbox"/> <b>Right Side of Employee</b>			
<input type="checkbox"/> <b>Keyboard , Flat</b>	<input type="checkbox"/> <b>Wrist Rest Present</b>				
<b>Neutral Position</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Same Height as Keyboard</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> <b>Mouse Used</b>			<b>Same Height as Keyboard</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**MONITOR:**

<input type="checkbox"/> In Front of Employee	<input type="checkbox"/> Left Side of Employee	<input type="checkbox"/> Right Side of Employee
<input type="checkbox"/> Monitor Height Adjustable	<input type="checkbox"/> Eye Level = 2" to 3" Below Top of Screen	
Distance to Employee	<input type="checkbox"/> Less Than 18"	<input type="checkbox"/> More Than 24"

**TOWER / CPU:**

<input type="checkbox"/> Under Monitor	<input type="checkbox"/> On Desk	<input type="checkbox"/> On Floor	<input type="checkbox"/> On Side
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**TELEPHONE:**

<input type="checkbox"/> Own Telephone--	Where is it located	<input type="checkbox"/> Directly in Front	<input type="checkbox"/> Left Side	<input type="checkbox"/> Right Side
<input type="checkbox"/> Desk Mount	<input type="checkbox"/> Wall Mount	<input type="checkbox"/> Left Side	<input type="checkbox"/> Right Side	
<input type="checkbox"/> Headset	Employee's Dominant Hand	<input type="checkbox"/> Left	<input type="checkbox"/> Right	

**VISUAL COMFORT:**

Glare Screen	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Employee's Dominant Eye	<input type="checkbox"/> Left	<input type="checkbox"/> Right		
RX Glasses	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Bifocal	<input type="checkbox"/> Trifocal	<input type="checkbox"/> Reading	<input type="checkbox"/> Near	<input type="checkbox"/> Far

**DOCUMENT HOLDER:**

Document Holder Available	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Location	<input type="checkbox"/> Off to the Side	<input type="checkbox"/> Inline With Monitor

**EMPLOYEE SIGNATURE:**

**DATE:**

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