

Office Ergonomics Self-Assessment Tool

Name	Job Title	Time on Job	Analysis Date
Work Schedule:	Break schedule/ Breaks taken away from workstation/area?		
Time Spent/Day:	Outside hobbies/activities and approximate hrs/day:		
At Computer?	Describe unique aspects to your activities that may involve awkward postures, sustained repetitive motions, high force or pressure, or vibration.		
Reading?			
Seated?			
Standing?			
Lifting ?			
At microscope?			
Manipulating small tools?			
On Telephone?			
Driving?			
Other significant tasks?			
FEATURE	YES	NO	COMMENT
CHAIRS			
Backrest provides support to lower back?			
5-Caster base?			
Adjustable seat depth and height and angle?			
Chair fits in width and depth?			
Feet rest comfortably on floor or footrest?			
Thighs parallel floor?			
Rounded edge and adequate space behind knee?			
Armrests support forearms w/out lift or lean?			
Armrests don't interfere with close work?			
Armrests padded and contoured w/out hard edges?			
WORKSPACE			
Hands and wrists free from contact with desk edge?			
Desktop arranged according to usage?			
Adequate space for all computer components?			
Adequate knee and leg space under work surface?			
Overhead space reach minimized?			
Workspace oriented for dominant hand?			
KEYBOARD			
Wrists are in a neutral posture?			
Forearms parallel to floor?			
Wrists supported during pauses?			
Wrist support padded, non-irritating?			
Upper arms and elbows close to body?			
Shoulders relaxed when hands on keyboard?			
MOUSE/TRACKBALL/TOUCH PAD			
Located directly adjacent to the keyboard?			
Same height as the keyboard?			
Moves freely and well maintained?			
Software customized? (speed, etc.)			
Loose grip used?			

FEATURE	YES	NO	COMMENT
MONITOR			
Screen viewed without head tilt?			
Monitor directly ahead?			
Monitor distance allows comfortable reading?			
Monitor at <i>least</i> 18" from user?			
Ears aligned w/ shoulders while viewing monitor?			
Does the monitor:			
*Have good contrast w/ crisp clear text?			
*Adequate brightness level?			
*Backgrounds free from flicker?			
OTHER EQUIPMENT			
Telephone cradled between ear and shoulder?			
10-Key allows neutral position while in use?			
Reference papers in easy sight line to monitor?			
LIFTING & CARRYING			
Frequently lifted items located knee to shoulder high?			
Items can be brought close before lifting?			
Lifting from floor level avoided?			
Storage close to place of use?			
Mechanical devices available and utilized?			
Co-workers available for team lifts?			
Employees are training in proper lifting techniques?			
Lifting is only one of a variety of tasks?			
Lifted objects are uniform in size and shape?			
ENVIRONMENT			
Monitors placed at 90° to bright light sources?			
Monitors between rows of overhead lights?			
Ambient light level similar to that emitted from screen?			
Evenly distributed lighting?			
Filing and copying areas well lit?			
Reflected glare minimized?			
Noise levels low enough to not disturb work?			
Position easily adjusted by employee?			
ORGANIZATION			
Repetitive tasks are rotated?			
Work week is 40 hrs or less?			
Task scheduling considers ergonomic risk factors?			
Staffing levels consider ergonomic risk factors?			
Employees control pacing of tasks?			
Workers have input re: changes to tasks?			
Automation utilized where feasible?			
Rest breaks away from the computer are encouraged?			
Stretch and Flex movements are encouraged?			
Mini-breaks throughout the day are encouraged?			
Other			

Now that you have completed an initial ergonomic assessment, take time to examine any of the items you answered "NO" to on the assessment tool. Consider ways to adjust your workstation or your work practices to eliminate, reduce, or manage these areas that you identified as presenting less than ideal ergonomic conditions. Prioritize those activities that you find bothersome, activities where you spend the most significant amount of time, and where changes can be made easily and quickly. Carefully consider the numerous options available for resolving issues and discuss your ideas with your supervisor and co-workers. You or your department will be responsible for the costs associated with any purchases.