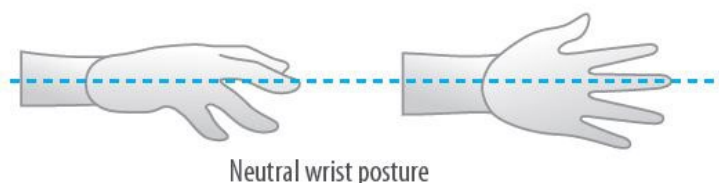
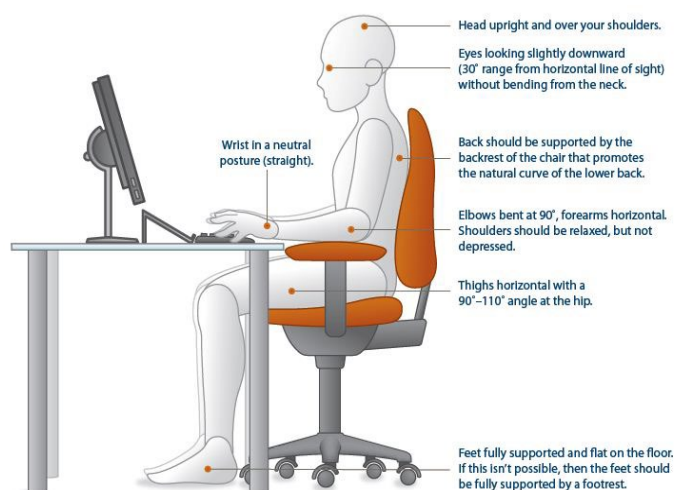




The Workstation Ergonomics Self-Assessment is best undertaken by two people e.g. with your supervisor or another employee. This enables the person to sit at their workstation while a second person observes and assists them achieve the recommended posture.

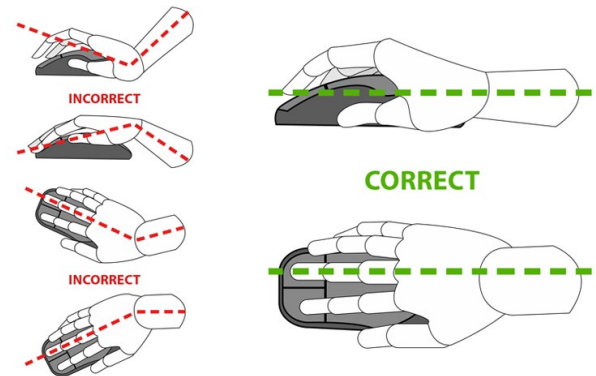
Item	The Office Chair	Yes	No	N/A	Suggested Actions
1.	Can the height, seat and back of the chair be adjusted to achieve the posture outlined below?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">Obtain a fully adjustable chair
2.	Are your feet fully supported by the floor when you are seated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">Lower the chairUse a footrest
3.	Your knees should be the same height as your hips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">Adjust the chair heightUse a footrest
4.	Does your chair provide support for your lower back?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">Adjust chair backObtain proper chairObtain lumbar roll
5.	When your back is supported, you are able to sit without feeling pressure from the chair seat on the back of your knees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">Adjust seat panAdd a back support
6.	Do your armrests allow you to get close to your workstation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">Adjust armrestsRemove armrests
7.	Hands, wrists and forearms should be straight, in-line and roughly parallel to the floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">Make needed adjustment to the chair



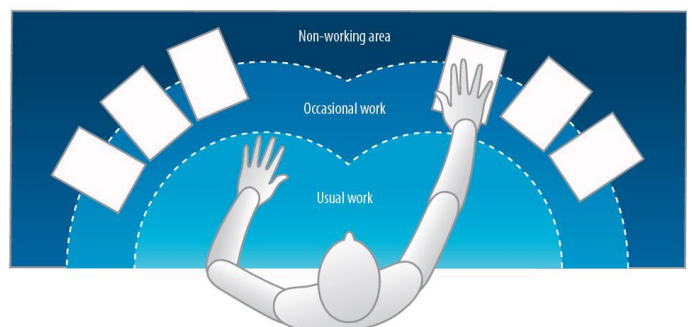
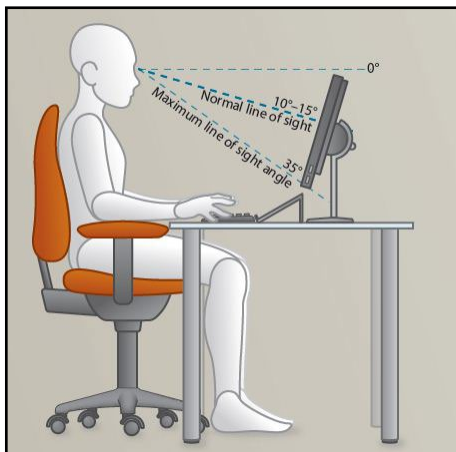
Item	Keyboard and Mouse	Yes	No	N/A	Suggested Actions
8	Are your keyboard, mouse and work surface at your elbow height?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">Raise / lower workstationRaise or lower keyboardRaise or lower chair
9	Are frequently used items within easy reach? (i.e. phone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">Rearrange workstation
10	Is the keyboard close to the front edge of the desk allowing space for the wrist to rest on the desk surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">Move keyboard to correct position
11	When using your keyboard and mouse, are your wrists straight and your upper arms relaxed? <i>The keyboard should be flat and <u>not</u> propped up on keyboard legs as an angled keyboard may place the wrist in an awkward posture when keying.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">Re-check chair, raise or lower as neededCheck postureCheck keyboard and mouse height
12	Is your mouse at the same level and as close as possible to your keyboard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">Move mouse closer to keyboardObtain larger keyboard tray if necessary
13	Is the mouse comfortable to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">Rest your dominant hand by using the mouse with your non-dominant hand for brief periods.



ERGONOMIC CHECKLIST



Item	WorkSurface	Yes	No	N/A	Suggested Actions
14	Is your monitor positioned directly in front of you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">• Reposition monitor
15	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">• Reposition monitor• Seek an alternative monitor if necessary e.g. flat screen that uses less space
16	Is your monitor height slightly below eye level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">• Add or remove monitor stand• Adjust monitor height
17	Is your monitor and work surface free from glare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">• Windows at side of monitor• Adjust overhead lighting• Cover windows• Obtain antiglare screen
18	Do you have appropriate light for reading or writing documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">• Obtain desk lamp• Place on left if right-handed – place on right if left handed
19	Are frequently used items located within the usual work area and items which are only used occasionally in the occasional work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">• Rearrange workstation





Item	Breaks	Yes	No	N/A	Suggested Actions
20	Do you take postural breaks every 30 minutes? E.g. standing, walking to printer / fax etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">Set reminders to take breaks
21	Do you take regular eye breaks from looking at your monitor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">Refocus on picture on wall every 30 minutes

Item	Accessories	Yes	No	N/A	Suggested Actions
22	Is there a sloped desk surface or angle board for reading and writing tasks if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">Obtain an angle board
23	Is there a document holder either beside the screen or between the screen and keyboard if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">Obtain document holder
24	Are you using a headset or speakerphone if you are writing or keying while talking on the phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">Obtain a headset if using the phone and keyboard
25	Assess the lighting in the space. If overhead lights are not adequate or turned off is task lighting available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">Purchase task lamp if necessary
Item	Laptop	Yes	No	N/A	Suggested Actions
26	In the event of using a laptop computer for prolonged periods of time use of; <ul style="list-style-type: none">A full sized external keyboard and mouse;Docking station with full sized monitor or a laptop stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">Obtain appropriate laptop accessories





Following completion of this checklist, please discuss any concerns or requirements with your supervisor.

All completed assessments should be submitted to your supervisor.

Changes should be implemented systematically to determine if the change is effective. Allow a trial time of the changes for a minimum of 30 days in order to measure the effectiveness. If after this time period pain or problems continue to persist return this completed form, along with your name and department, to the EH&S office via email to safety@wm.edu

Person Completing Assessment

Name		Position	
Signature		Date	

Notes: