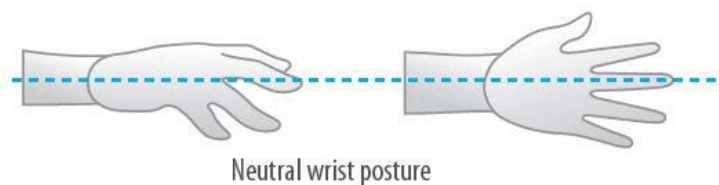
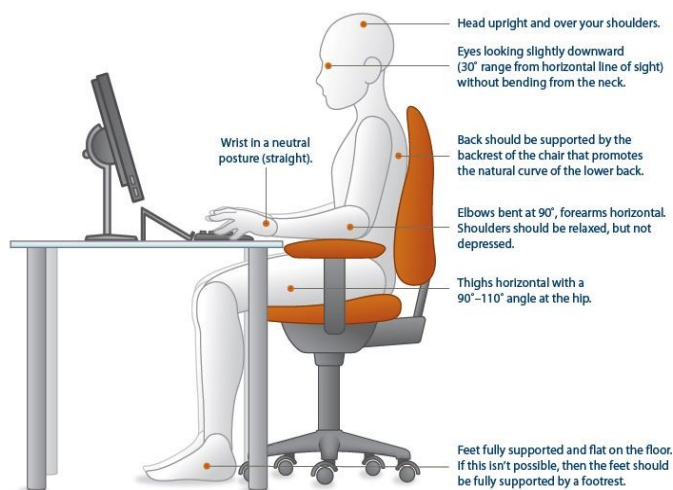


## Computer Workstation Ergonomics: Self-Assessment Checklist

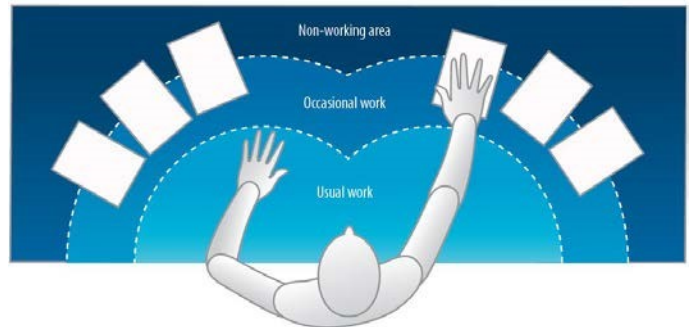
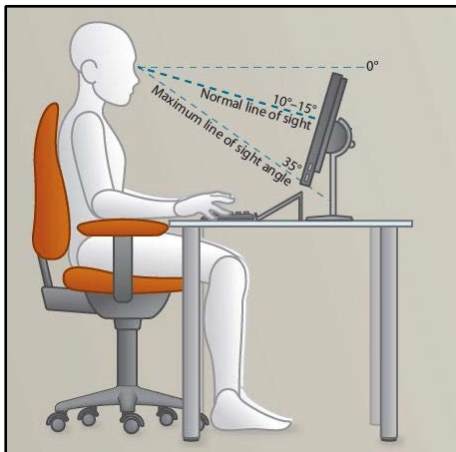
Complete this self-assessment to evaluate the ergonomics of your office furniture and equipment. Follow the suggested actions for each item to optimize your setup and reduce the risk of discomfort.

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"> <li>Obtain a fully adjustable chair</li> </ul>
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"> <li>Lower the chair</li> <li>Use a footrest</li> </ul>
3.	Does your chair provide support for your lower back?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Adjust chair back</li> <li>Obtain proper chair</li> <li>Obtain lumbar roll</li> </ul>
4.	When your back is supported, are you 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"> <li>Adjust seat pan</li> <li>Add a back support</li> </ul>
5.	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"> <li>Adjust armrests</li> <li>Remove armrests</li> </ul>



	Keyboard and Mouse	Yes	No	N/A	Suggested Actions
6.	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"> <li>Raise / lower workstation</li> <li>Raise or lower keyboard</li> <li>Raise or lower chair</li> </ul>
7.	Are frequently used items within easy reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Rearrange workstation</li> </ul>
8.	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"> <li>Move keyboard to correct position</li> </ul>
9.	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"> <li>Re-check chair, raise or lower as needed</li> <li>Check posture</li> <li>Check keyboard and mouse height</li> </ul>
10.	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"> <li>Move mouse closer to keyboard</li> </ul>
11.	Is your mouse comfortable to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Investigate alternative mouse options</li> </ul>

Item	Work Surface	Yes	No	N/A	Suggested Actions
12.	Is your monitor positioned directly in front of you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Reposition monitor</li> </ul>
13.	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"> <li>• Reposition monitor</li> <li>• Seek an alternative monitor if necessary e.g. flat screen that uses less space</li> </ul>
14.	Is your monitor height slightly below eye level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Add or remove monitor stand</li> <li>• Adjust monitor height</li> </ul>
15.	Is your monitor and work surface free from glare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Windows at side of monitor</li> <li>• Adjust overhead lighting</li> <li>• Cover windows</li> <li>• Obtain antiglare screen</li> </ul>
16.	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"> <li>• Obtain desk lamp</li> <li>• Place on left if right handed – place on right if left handed</li> </ul>
17.	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"> <li>• Rearrange workstation</li> </ul>



Item	Breaks	Yes	No	N/A	Suggested Actions
18.	Do you take postural breaks every 30 minutes? e.g. standing, walking to printer, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Set reminders to take breaks</li> </ul>
19.	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"> <li>• Refocus on picture on wall every 30 minutes</li> </ul>

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Obtain an angle board
21.	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"/>	• Obtain document holder
22.	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"/>	• Obtain a headset if using the phone and keyboard

Item	Laptop Use	Yes	No	N/A	Suggested Actions
23.	In the event of using a laptop computer for prolonged periods of time use of: <ul style="list-style-type: none"> <li>• A full sized external keyboard and mouse;</li> <li>• Docking station with full sized monitor or a laptop stand</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Obtain appropriate laptop accessories

Following completion of this checklist, please discuss any concerns with your supervisor. If you are experiencing discomfort associated with your office setup after a two-week period following this assessment, please submit an Ergonomic Assessment Request with this self-assessment attached. If you have any questions, please call Crystal White at 404-413-9547 or Fred Bibbs at 404-413-9548.

Please complete the information below and submitted the Ergonomic Assessment Request to Fred Bibbs email [fbibbs@gsu.edu](mailto:fbibbs@gsu.edu) or Crystal White email [cwhite112@gsu.edu](mailto:cwhite112@gsu.edu).

Your Name		Supervisor Name	
Email		Supervisor Email	
Position Title		Date	
Comments			