



USDA APHIS OFFICE ERGONOMICS SELF-ASSESSMENT WORKSHEET

Background Information

Please use the **USDA APHIS Office Ergonomics Self-Assessment Worksheet** to help ensure your office (chair, desk, computer equipment, office equipment, storage and lighting) is set-up to your full advantage.

For additional information refer to the **USDA Office Ergonomics Training** and the **Quick Reference Guide**.

Date		Last Name		First Name	
Chair Determine your current Chair Features , any Issues and Recommendations . Make any comments needed.					
Chair Features		Issues		Recommendations	
Chair ID		<input type="checkbox"/> Chair fit/adjustment OK <input type="checkbox"/> Chair not adjusted to full advantage <input type="checkbox"/> Chair too small <input type="checkbox"/> Chair too large <input type="checkbox"/> Wrong type chair casters <input type="checkbox"/> Seat not OK <input type="checkbox"/> Back support not OK <input type="checkbox"/> Armrests not OK <input type="checkbox"/> Maintenance issue <input type="checkbox"/> Other (make comments)		<input type="checkbox"/> None (suitable chair fit/adjustment) <input type="checkbox"/> Adjust chair (make comments) <input type="checkbox"/> Modify chair (make comments) <input type="checkbox"/> Repair chair (make comments) <input type="checkbox"/> Replace chair (make comments) <input type="checkbox"/> Other (make comments)	
Legs (5) OK	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Caster Type	<input type="checkbox"/> Carpet <input type="checkbox"/> Hard surface				
Seat Adjustment	<input type="checkbox"/> Height <input type="checkbox"/> Tension <input type="checkbox"/> Tilt <input type="checkbox"/> Slide				
Back Adjustment	<input type="checkbox"/> Fixed <input type="checkbox"/> Angle <input type="checkbox"/> Height <input type="checkbox"/> Lumbar				
Armrest Adjustment	<input type="checkbox"/> Fixed <input type="checkbox"/> Side <input type="checkbox"/> Height <input type="checkbox"/> Rotate				
Maint Issue	<input type="checkbox"/> Yes <input type="checkbox"/> No				
		Comments			
Desk Determine your current Desk Features , Issues with your desk and Recommendations . Make any comments needed.					
Desk Features		Issues		Recommendations	
Configuration	<input type="checkbox"/> Straight <input type="checkbox"/> L-shape <input type="checkbox"/> Corner <input type="checkbox"/> U-shape	<input type="checkbox"/> Desk is appropriate <input type="checkbox"/> Desk is too low <input type="checkbox"/> Desk is too high <input type="checkbox"/> Sit/stand desk not properly adjusted <input type="checkbox"/> Desk does not have enough work area <input type="checkbox"/> Other (make comments)		<input type="checkbox"/> None (suitable desk) <input type="checkbox"/> Lower desk to () inches <input type="checkbox"/> Raise desk to () inches <input type="checkbox"/> Adjust sit/stand desk <input type="checkbox"/> Add sit/stand desk <input type="checkbox"/> Reorganize to provide additional worksurface area. <input type="checkbox"/> Other (make comments)	
Type	<input type="checkbox"/> Fixed Height <input type="checkbox"/> Adjust Height				
Sit/Stand current height	<input type="checkbox"/> Stand () inches <input type="checkbox"/> Sit () inches				
		Comments			
Feet/Legs Determine your current Feet/Legs/Clearance status, Issues and Recommendations . Make any comments needed.					
Feet/Legs/Clearance Features		Issues		Recommendation	
Feet	<input type="checkbox"/> Dangling <input type="checkbox"/> Supported	<input type="checkbox"/> Foot support appropriate <input type="checkbox"/> Feet dangling – not supported <input type="checkbox"/> No footrest for alternative foot position for seated desk <input type="checkbox"/> No footrest for alternative foot position for sit/stand desk <input type="checkbox"/> Inadequate foot/knee/leg clearance <input type="checkbox"/> Other (make comments)		<input type="checkbox"/> None (suitable foot support and leg clearance) <input type="checkbox"/> Add footrest to provide for foot support when seated (make comments) <input type="checkbox"/> Add footrest to provide for alternative foot placement when making use of recommended sit/stand workstation. Allows for one foot up on footrest and then other foot up to provide for variation in standing position (make comments) <input type="checkbox"/> Remove foot/knee/leg obstruction <input type="checkbox"/> Other (make comments)	
Footrest	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Leg Clearance	<input type="checkbox"/> Yes <input type="checkbox"/> No				
		Comments			
Laptop Computer If a laptop is the primary computer, determine its current status as well as any separate Keyboard , Keyboard Tray , Mouse , Wrist Rests and Monitor if present. Identify Issues and Recommendations . Make any comments needed. NOTE: If a desktop computer is the primary computer go to the Desktop Computer section below.					
Laptop Feature		Issues		Recommendations	
Laptop Location	<input type="checkbox"/> Desk <input type="checkbox"/> Other	<input type="checkbox"/> Laptop location, keyboard, mouse and monitor all appropriate		<input type="checkbox"/> None (suitable laptop use) Keyboard	



USDA APHIS OFFICE ERGONOMICS SELF-ASSESSMENT WORKSHEET

Keyboard	<input type="checkbox"/> Laptop keyboard <input type="checkbox"/> Separate keyboard (type) <input type="checkbox"/> Straight <input type="checkbox"/> Curved <input type="checkbox"/> Other	Keyboard <input type="checkbox"/> Laptop keyboard location does not allow neutral arm/hand position <input type="checkbox"/> Separate keyboard location does not allow neutral arm/hand position <input type="checkbox"/> Keyboard type does not allow neutral arm/hand position <input type="checkbox"/> No keyboard wrist rest Keyboard Tray <input type="checkbox"/> Keyboard tray is appropriate <input type="checkbox"/> Keyboard tray limits reach access to desk <input type="checkbox"/> Keyboard tray location does not allow neutral arm/hand position <input type="checkbox"/> Keyboard tray type does not allow neutral arm/hand position <input type="checkbox"/> Tray not wide enough for both keyboard and mouse Mouse <input type="checkbox"/> Laptop touchpad location does not allow neutral arm/hand position <input type="checkbox"/> Separate mouse location does not allow neutral arm/hand position <input type="checkbox"/> No mouse wrist rest <input type="checkbox"/> Mouse wrist rest limits wrist/arm motion Monitor <input type="checkbox"/> Laptop monitor location does not allow neutral head and neck position <input type="checkbox"/> Separate (laptop or separate) location does not allow neutral head and neck position <input type="checkbox"/> Monitor position issue: <input type="checkbox"/> Too high <input type="checkbox"/> Too low <input type="checkbox"/> Too far away <input type="checkbox"/> Too close <input type="checkbox"/> Side-to-side alignment issue <input type="checkbox"/> Monitor location issue: <input type="checkbox"/> In front of window <input type="checkbox"/> Window behind monitor <input type="checkbox"/> Lacking window coverings <input type="checkbox"/> Other (comments) Comments	<input type="checkbox"/> Reposition laptop keyboard (make comments) <input type="checkbox"/> Reposition separate keyboard (make comments) <input type="checkbox"/> Add separate keyboard (indicate type): <input type="checkbox"/> Straight <input type="checkbox"/> Curved <input type="checkbox"/> Other (make comments) <input type="checkbox"/> Add gel keyboard wrist rest (make comments) Keyboard Tray <input type="checkbox"/> Reposition keyboard tray (make comments) <input type="checkbox"/> Remove keyboard tray (make comments) <input type="checkbox"/> Modify or replace tray (make comments) Mouse <input type="checkbox"/> Reposition laptop touchpad (make comments) <input type="checkbox"/> Add separate mouse (indicate type): <input type="checkbox"/> Shell <input type="checkbox"/> Other (make comments) <input type="checkbox"/> Add gel mouse wrist rest (make comments) <input type="checkbox"/> Remove mouse wrist rest (make comments) Monitor <input type="checkbox"/> Reposition laptop monitor (make comments) <input type="checkbox"/> Add laptop monitor stand (make comments) <input type="checkbox"/> Add separate monitor (make comments) <input type="checkbox"/> Reposition/relocate monitor(s) (make comments) <input type="checkbox"/> Adjust window coverings (make comments) <input type="checkbox"/> Other (comments) Comments
Keyboard Technique	<input type="checkbox"/> Piano Player <input type="checkbox"/> Forearm Support		
Keyboard Wrist Rest	<input type="checkbox"/> Yes (part of laptop) <input type="checkbox"/> No (not in place)		
Keyboard Tray	<input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, fill in below): <input type="checkbox"/> Fixed height/angle <input type="checkbox"/> Adjustable height/angle		
Mouse	<input type="checkbox"/> Laptop touchpad <input type="checkbox"/> Separate mouse (type) <input type="checkbox"/> Shell (standard) <input type="checkbox"/> Rollerball/Trackball <input type="checkbox"/> Vertical <input type="checkbox"/> Other		
Mouse Wrist Rest	<input type="checkbox"/> Yes (part of laptop) <input type="checkbox"/> Yes (separate mouse and mouse wrist rest) <input type="checkbox"/> No (no mouse wrist rest)		
Monitor	<input type="checkbox"/> Laptop monitor <input type="checkbox"/> Separate Monitor (number) <input type="checkbox"/> One <input type="checkbox"/> One separate monitor plus laptop monitor <input type="checkbox"/> Two separate monitors <input type="checkbox"/> Other If two or more monitors: <input type="checkbox"/> Primary/Primary <input type="checkbox"/> Primary/Secondary		
Desktop Computer	If a desktop computer is the primary computer, determine its current location status, as well as the status of the Keyboard, Keyboard Tray, Mouse, Wrist Rests and Monitor . Identify Issues and Recommendations . Make any comments needed. NOTE: If a laptop computer is the primary computer go to the Laptop Computer section above.		
Desktop Features		Issues	Recommendations
Desktop Location	<input type="checkbox"/> Desk <input type="checkbox"/> Floor	<input type="checkbox"/> Desktop location, keyboard, mouse and monitor all appropriate Keyboard <input type="checkbox"/> Keyboard location does not allow neutral arm/hand position <input type="checkbox"/> Keyboard type does not allow neutral arm/hand position <input type="checkbox"/> No keyboard wrist rest Keyboard Tray <input type="checkbox"/> Keyboard tray is appropriate <input type="checkbox"/> Keyboard tray limits reach access to desk	<input type="checkbox"/> None (suitable desktop computer use) Keyboard <input type="checkbox"/> Reposition keyboard (make comments) <input type="checkbox"/> Add keyboard (indicate type): <input type="checkbox"/> Straight <input type="checkbox"/> Curved <input type="checkbox"/> Other (make comments) <input type="checkbox"/> Add gel keyboard wrist rest (make comments) Keyboard Tray <input type="checkbox"/> Reposition keyboard tray (make comments)
Keyboard	<input type="checkbox"/> Keyboard (type) <input type="checkbox"/> Straight <input type="checkbox"/> Curved <input type="checkbox"/> Other		
Keyboard Technique	<input type="checkbox"/> Piano Player <input type="checkbox"/> Forearm Support		
Keyboard Wrist Rest	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Keyboard Tray	<input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, fill in below):		



USDA APHIS OFFICE ERGONOMICS SELF-ASSESSMENT WORKSHEET

	<input type="checkbox"/> Fixed height/angle <input type="checkbox"/> Adjustable height/angle	<input type="checkbox"/> Keyboard tray location does not allow neutral arm/hand position <input type="checkbox"/> Keyboard tray type does not allow neutral arm/hand position <input type="checkbox"/> Tray not wide enough for both keyboard and mouse <input type="checkbox"/> Mouse platform of tray does not position mouse at same height as keyboard	<input type="checkbox"/> Remove keyboard tray (make comments) <input type="checkbox"/> Modify or replace tray (make comments)
Mouse	<input type="checkbox"/> Mouse (type) <input type="checkbox"/> Shell <input type="checkbox"/> Rollerball/Trackball <input type="checkbox"/> Vertical <input type="checkbox"/> Other	<input type="checkbox"/> Mouse location does not allow neutral arm/hand position <input type="checkbox"/> Mouse type does not allow neutral arm/hand position <input type="checkbox"/> Mouse (separate) location does not allow neutral arm/hand position <input type="checkbox"/> Mouse wrist rest limits wrist/arm motion	Mouse <input type="checkbox"/> Reposition mouse (make comments) <input type="checkbox"/> Change mouse (indicate type): <input type="checkbox"/> Shell <input type="checkbox"/> Rollerball/Trackball <input type="checkbox"/> Vertical <input type="checkbox"/> Other (make comments)
Mouse Wrist Rest	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Add gel mouse wrist rest (make comments) <input type="checkbox"/> Remove mouse wrist rest
Monitor	Monitor (number) <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Other If two or more monitors: <input type="checkbox"/> Primary/Primary <input type="checkbox"/> Primary/Secondary	Monitor(s) <input type="checkbox"/> Laptop monitor location does not allow neutral head and neck position <input type="checkbox"/> Separate (laptop or separate) location does not allow neutral head and neck position <input type="checkbox"/> Monitor position issue: <input type="checkbox"/> Too high <input type="checkbox"/> Too low <input type="checkbox"/> Too far away <input type="checkbox"/> Too close <input type="checkbox"/> Side-to-side alignment issue <input type="checkbox"/> Other (comments) Comments	Monitor(s) <input type="checkbox"/> Reposition monitor(s): <input type="checkbox"/> Raise monitor(s) <input type="checkbox"/> Lower monitor(s) <input type="checkbox"/> Move closer <input type="checkbox"/> Move farther <input type="checkbox"/> Adjust side-to-side <input type="checkbox"/> Add monitor stand <input type="checkbox"/> Add monitor arm <input type="checkbox"/> Other (comments) Comments
Document Holder Determine your current Document Holder status, Issues and Recommendations . Make any comments needed.			
Document Holder Features		Issues	Recommendation
Holder in use	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Current document holder appropriate <input type="checkbox"/> No document holder in use – not needed <input type="checkbox"/> No document holder in use – awkward head/neck position <input type="checkbox"/> Other (make comments)	<input type="checkbox"/> None <input type="checkbox"/> Add landscape format document holder (make comments) <input type="checkbox"/> Add portrait format document holder (make comments) <input type="checkbox"/> Other (make comments)
Format	<input type="checkbox"/> NA <input type="checkbox"/> Portrait <input type="checkbox"/> Landscape	Comments	Comments
Location	<input type="checkbox"/> NA <input type="checkbox"/> Side of keyboard <input type="checkbox"/> Between keyboard/monitor		
Telephone/Webcam Determine your current Telephone status, Issues and Recommendations . Make any comments needed.			
Telephone/Webcam Features		Issues	Recommendation
Type	<input type="checkbox"/> Handset <input type="checkbox"/> Headset <input type="checkbox"/> Speaker <input type="checkbox"/> Mobile	<input type="checkbox"/> Telephone type and location appropriate <input type="checkbox"/> Telephone located in awkward position <input type="checkbox"/> Awkward head/neck position with handset use <input type="checkbox"/> Awkward head/neck position with webcam use <input type="checkbox"/> Other (make comments)	<input type="checkbox"/> None <input type="checkbox"/> Reposition telephone <input type="checkbox"/> Add headset to allow for hands-free telephone operation <input type="checkbox"/> Reposition webcam (make comments) <input type="checkbox"/> Other (make comments)
		Comments	Comments

USDA APHIS OFFICE ERGONOMICS SELF-ASSESSMENT WORKSHEET

Storage			
Determine your current Desktop and File Storage status, Issues and Recommendations . Make any comments.			
Storage Features		Issues	Recommendation
Desktop OK	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Adequate desktop and file storage <input type="checkbox"/> Limited desktop storage <input type="checkbox"/> Limited file storage <input type="checkbox"/> Other (make comments) Comments	<input type="checkbox"/> None <input type="checkbox"/> Housecleaning to free up space <input type="checkbox"/> Secure file or shelf storage unit <input type="checkbox"/> Add additional file storage (make comment) <input type="checkbox"/> Other (make comments) Comments
File OK	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Lighting			
Determine your current Overhead and Task Lighting status, Issues and Recommendations . Make any comments.			
Lighting Features		Issues	Recommendation
Overhead OK	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambient and task lighting appropriate <input type="checkbox"/> Ambient light level too high <input type="checkbox"/> Ambient light level too low <input type="checkbox"/> Task lighting too low <input type="checkbox"/> Task lighting too high <input type="checkbox"/> Other (make comments) Comments	<input type="checkbox"/> None <input type="checkbox"/> Increase ambient light level (make comments) <input type="checkbox"/> Decrease ambient light level (make comments) <input type="checkbox"/> Add desktop task light (make comments) <input type="checkbox"/> Remove desktop task light (make comments) <input type="checkbox"/> Other (make comments) Comments
Task OK	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Workstation Specifications (inches)				
Specification	Sit	Stand	Description	Key
Seatpan height:			Seatpan height: distance from floor to seatpan (at side of seatpan) with user in chair.	
Seatpan depth:			Seatpan depth: distance from back support to front of seatpan and allows for 1.5 to 2" of space between back of knee and front of seatpan.	
Seatpan width:			Seatpan width: outside distance from side-to-side of seatpan; allows for 1.5 to 2" between thigh and edge of seatpan.	
Armrest height:			Armrest height: distance from top of armrest to floor.	
Armrest width			Armrest width: distance between armrests measured from outside edge of each armrest.	
Writing / reading desk:			Worksurface height: (writing/reading desk) distance from floor to top surface of worksurface.	
Keyboard / mouse height:			Keyboard/mouse height: distance from floor to top surface of platform that keyboard/mouse rest on.	
Monitor height:			Monitor height: height from floor to top of monitor screen (not top of monitor bezel).	
Monitor distance:			Monitor distance: from eye position (bridge of nose between eyes) to screen.	

Follow-up	
Date:	Comments:
Date:	Comments: