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| --- | --- | --- | --- | --- | --- |
| Please use the ***ErgoSystems Home Office Ergonomics Checklist*** as a self-assessment tool to help ensure your home office workstation (chair, desk, computer and office equipment) is set-up to your full advantage.  Please refer to the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** for specific step-by-step details.  Please contact your appropriate company representative for additional assistance if needed. | | | | | |
| **Date** |  | **Last Name** |  | **First Name** |  |

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| **Chair** | |
| **Are you able to adjust your chair in both the “upright keyboard” and “semi-reclined conversation” positions?**   * If **YES**, remember to change positions periodically. * If **NO**, please review the ***Chair Section*** of the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** and/or request assistance from your appropriate company representative. | **❑ YES**  **❑ NO** |
|
| **Is your chair free from any maintenance issues?**   * If **YES**, continue to monitor chair maintenance. * If **NO**, please consider repairing or replacing the chair and/or request assistance from appropriate company representative. | **❑ YES**  **❑ NO** |
| **Desk – Seated and Standing** | |
| **Are you able to adjust your seated desk height to the proper height based on your keyboard technique (piano player or forearm supporter)?**   * If **YES**, continue with proper seated desk height. * If **NO**, please review the ***Desk and Equipment Sections*** of the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** and/or request assistance from your appropriate company representative. | **❑ YES**  **❑ NO** |
| **Are you able to adjust your standing desk height to the proper height based on your keyboard technique?**   * If **YES**, continue with proper standing worksurface height. * If **NO**, please review the ***Desk Section*** of the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** and/or request assistance from your appropriate company representative. | **❑ NA ❑ YES**  **❑ NO** |
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| **Foot Support /Clearance** | |
| **Do you have adequate support for your feet (either on the floor or on a footrest) when seated?**   * If **YES**, continue to ensure appropriate foot support * If **NO**, please review ***Footrest Section*** of the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** and/or request assistance from your appropriate company representative. | **❑ YES**  **❑ NO** |
| **Do you have adequate clearance for your legs and feet under the worksurface?**   * If **YES**, continue to ensure adequate clearance. * If **NO**, please remove any obstacles under your worksurface; if needed review ***Foot/leg*** ***Clearance Section*** of the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** and/or request assistance from your appropriate company representative. | **❑ YES**  **❑ NO** |
| **Keyboard** | |
| **Have you determined your specific keyboard technique *(piano player or forearm support)* and properly positioned it at the correct worksurface height?**   * If **YES**, continue to ensure appropriate keyboard position. * If **NO**, please review the ***Desk and Equipment Sections*** of the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** and/or request assistance from your appropriate company representative. | **❑ YES**  **❑ NO** |
| **Does the standard straight keyboard configuration work for you?**   * If **YES**, continue with the standard keyboard. * If **NO**, request assistance from your appropriate company representative. | **❑ YES**  **❑ NO** |
| **Keyboard Tray** | |
| **If you do not have a keyboard tray check NA.**  **If you do have a keyboard tray, is it needed and have you adjusted it properly?**   * If **YES**, continue with use of the keyboard tray. * If **NO**, if you do not need the tray, consider removing it. If you need the tray and have not adjusted it properly please review the ***Equipment Section*** of the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** and/or request assistance from your appropriate company representative. | **❑ NA**  **❑ YES**  **❑ NO** |
| **Mouse** | |
| **Are you able to position your mouse properly next to your keyboard?**   * If **YES**, continue with proper mouse position. * If **NO**, please review the ***Equipment Section*** of the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** and/or request assistance from your appropriate company representative. | **❑ YES**  **❑ NO** |
| **Are you using keyboard shortcuts to reduce overall mouse use?**   * If **YES**, continue with keyboard shortcuts and add more as it makes sense for your computer work. * If **NO**, access the Help menu of the software and learn additional keyboard shortcuts. | **❑ YES**  **❑ NO** |
| **Computer (Laptop/Desktop)** | |
| **Are you able to position the computer (laptop or desktop) for easy access as needed?**   * If **YES**, continue with proper positioning. * If **NO**, reposition computer for appropriate access. | **❑ YES**  **❑ NO** |
| **Monitors** | |
| **Are you able to position your monitor(s) at the recommended height and distance (about arm’s length and top of screen about eye level)?**   * If **YES**, Continue with proper placement. * If **NO**, Adjust the monitor placement. If needed please review the ***Monitor Section*** of the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** and/or request assistance from your appropriate company representative. | **❑ YES**  **❑ NO** |
| **If you have two or more monitors are you able to properly position them based on viewing habits *(Primary/Primary: each viewed about 50% and centered to your nose OR Primary/Secondary: one viewed primarily and the other only occasionally with primary centered on you)?***   * If **YES**, continue with proper monitor placement. * If **NO**, position the monitors based on viewing, If needed please review the ***Monitor Section*** of the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** and/or request assistance from your appropriate company representative. | **❑ YES**  **❑ NO** |
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| **Eye Examinations** | |
| **Have you had eye examinations on a regular basis (every two years is recommended)?**   * If **YES**, continue with regular eye examinations. * If **NO**, consider regular eye examinations. | **❑ YES**  **❑ NO** |
| **Hard Copy Documents** | |
| **If you read hard copy when at the keyboard are you able to position it to maintain neutral head position?**   * If **YES**, continue with appropriate hard copy position. * If **NO**, consider adding a document holder to position documents on an incline to improve head/neck position. | **❑ YES**  **❑ NO** |
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| **Telephone** | |
| **Do you use the telephone for only a few short calls a day and are able to hold the handset with your hand (not cradled between your ear and shoulder)?**   * If **YES**, continue with handset use. * If **NO**, consider adding a headset if you make frequent and/or longer calls. | **❑ YES**  **❑ NO** |
| **Handwriting/Reading** | |
| **Are you able to position your head/neck in a comfortable when handwriting/reading documents?**   * If **YES**, continue with appropriate head/neck position. * If **NO**, consider adding a read/write stand or podium. | **❑ YES**  **❑ NO** |
| **Office Equipment** | |
| **Are you able to position office equipment in appropriate reach zones?**   * If **YES**, continue with appropriate positioning. * If **NO**, relocate office equipment to within appropriate reach zones. | **❑ YES**  **❑ NO** |
| **Lighting – General and Task** | |
| **Is there adequate general lighting in the area?**   * If **YES**, continue with appropriate lighting. * If **NO**, determine if there is too much or not enough lighting and adjust lighting accordingly. | **❑ YES**  **❑ NO** |
| **Is there adequate task light to read hardcopy materials?**   * If **YES**, continue with appropriate light   If **NO**, consider adding additional task light. | **❑ YES**  **❑ NO** |
| **Noise** | |
| **Is noise level in the office appropriate to allow for adequate communication?**   * If **YES**, continue with appropriate noise levels. * If **NO**, determine if there is too much noise or too little noise and adjust accordingly. | **❑ YES**  **❑ NO** |
| **Temperature** | |
| **Are you comfortable with the air temperature in the area?**   * If **YES**, continue with the appropriate air temperature. * If **NO**, determine if you are too hot or too cold and consider appropriate personal controls like an approved personal fan or a sweater. | **❑ YES**  **❑ NO** |
| **Comments (Please add any comments)** | |
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