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| **Microscopes/Magnifiers Checklist** |

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| **Company:** | Click or tap here to enter text. | **Workstation Name:** | Click or tap here to enter text. |
| **Prepared by:** | Click or tap here to enter text. | **Department:** | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. | **Document Number:** | Click or tap here to enter text. |

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| **“NO” answer indicates need for additional investigation.** | |
| * User training in microscope/magnifier set-up has been accomplished and user can demonstrate proper set-up. | Select YES or NO. |
| * Chair has the adjustability features needed to allow for neutral body position and support. * Seatpan height and tilt * Back support height and angle * Armrest height and side-to-side * Foot ring to provide for easy access to get onto the chair (if working at bench height worksurface, greater than 30”). | Select YES or NO. |
| * + - * Foot rest available and adjusted to provide for foot support (if working at seated height workbench). | Select YES or NO. |
| * + - * Microscope/magnifier eyepiece adjusted to allow for neutral head and neck position. | Select YES or NO. |
| * + - * Foot pedal (if in use) positioned to allow for comfortable foot and leg position. | Select YES or NO. |
| * + - * Armrest support available from forearm supports mounted to the workbench | Select YES or NO. |