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| **Workstation 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.** | |
| * Workstation configuration has been determined (sit, stand or sit/stand). | Select YES or NO. |
| * Seated workstation guidelines have been identified and incorporated into workstation design. Includes seated worksurface heights and seated workstation dimensions. | Select YES or NO. |
| * Standing workstation guidelines have been identified and incorporated into workstation design. Includes standing worksurface heights and standing workstation dimensions. | Select YES or NO. |
| * The workstation allows for full range of movement. | Select YES or NO. |
| * Mechanical aids and equipment are available. | Select YES or NO. |
| * Height of the work surface adjustable. | Select YES or NO. |
| * Work surface can be tilted or angled to provide improved access. | Select YES or NO. |
| * Is the workstation designed to reduce or eliminate? * Bending or twisting at the wrist? * Reaching above the shoulder? * Static muscle loading? * Full extension of the arms? * Raised elbows? | Select YES or NO. |
| * Workers able to vary posture. | Select YES or NO. |
| * Hands and arms free from sharp edges on work surfaces. | Select YES or NO. |
| * Armrest provided where needed. | Select YES or NO. |
| * Footrest provided where needed. | Select YES or NO. |
| * Floor surface free of obstacles and flat. | Select YES or NO. |
| * Cushioned floor mats provided for employees required to stand for long periods. | Select YES or NO. |
| * Chairs or stools easily adjustable and suited to the task. | Select YES or NO. |
| * Tasks visible from comfortable positions. | Select YES or NO. |
| * Preventive maintenance program for mechanical aids, tools, and other equipment. | Select YES or NO. |