

INTRODUCTION/INSTRUCTIONS

Office Ergonomics Assessment Worksheet – Step-by-Step Instructions

To conduct the Assessment please go through each step of the process as outlined below and record your responses. Initially to complete the *Worksheet* you will want to use the details provided in the *Office Ergonomics Assessment – Guidelines*. After a few assessments you will find the *Worksheet* itself will be sufficient.

Also please note the manual, *A Practical Approach to Office Ergonomics*, provides more in-depth information as does ErgoSystems Ergonomics Solution Center found in the Resources section at www.ergosystemsconsulting.com

Step One: BACKGROUND INFORMATION

Name		Body height (with shoes)	
Date		Years of employment	
Department		Time in workstation	
Job Position		Workstation use	Single/Multi-user
Work schedule		Age	
Work location		Cost Center	
Hand dominance	Right/ Left/Ambidextrous		
Vision	Uncorrected/Eyeglasses: single vision, bifocals, trifocals, computer glasses/Contacts Other (fill in)		
Reason for assessment		Changes made	
		Other	

Step Two: JOB TASKS

Percentage of typical work day	%	Percentage of average work day devoted to tasks	%
• Sitting		• Computer – Data Entry (keyboard/mouse)	
• Standing		• Computer – CAD (Computer Assisted Design)	
• Walking		• Writing	
• Lifting (describe)		• Reading	
		• Telephone	
		• Meetings	
		• 10 key Calculator	
		• Printing	
		• Copying	
		• Filing	
		• Other (describe)	

Step Three: CHAIR

Chair Brand/model					
Feature		Issue		Feature	
Seatpan Height	YES/NO	YES/NO		Seatpan Tension	YES/NO
Seatpan Tilt	YES/NO	YES/NO		Back Support Height	YES/NO
Seatpan Depth	YES/NO	YES/NO		Back Support Angle	YES/NO
Seatpan Fit	YES/NO	YES/NO		Armrests Adjust	YES/NO
Casters (hard or soft)	YES/NO	YES/NO		Maintenance (describe)	
OVERALL CHAIR FIT ACCEPTABLE?		YES/NO	Comments:		

Step Four: WORKSURFACE

Shape	Straight/L-Shaped/Corner	Support	Wall panel/Stand-alone
Adjustability	Fixed height/Adjustable height	Worksurface height	

Step Five: COMPUTER and OFFICE EQUIPMENT

Have person perform a short demonstration of typical use of computer and office equipment.

Keyboard/Keyboard Tray		Mouse/Mouse Tray	
Configuration • Straight-line • Curved • Articulated • Other	If keyboard tray • Height adjustable: YES/NO • Angle adjustable: YES/NO • Angle of tray (fill in)	Configuration • Traditional • Rollerball • Touchpad • Pen/Tablet • Vertical	Wrist rest: • YES/NO • IF YES, what type: foam or gel • If YES, attached to tray or free floating
Connection • Wireless • Corded	Wrist rest: YES/NO • IF YES, Foam/Gel • If YES, Tray/Free	Connection • Wireless • Corded	Wrist rest limits arm movement: • YES/NO
Keyboard placement • Worksurface • Tray	Keyboard skill level: YES/NO	Type • Mechanical: • Optical Scroll wheel YES/NO	If mouse tray • Height adjustable: YES/NO • Angle adjustable YES/NO
Keyboard technique • Piano Player • Forearm Supporter	Keyboard shortcuts: YES/NO	Mouse placement • Worksurface • Tray	Mouse setup via software YES/NO
Neutral position Neutral position of arms and body when using keyboard/mouse: YES/NO Comments:			

Monitor		Computer
Type <ul style="list-style-type: none"> • CRT (cathode ray tube) • LCD (flat panel) 	Eyeglasses/Contacts <ul style="list-style-type: none"> • Eyeglasses/contacts needed YES/NO • If NO, can the person see clearly YES/NO • IF bifocals or trifocals used head and neck position neutral: YES/NO 	Computer type <ul style="list-style-type: none"> • Desktop: YES/NO • If YES Computer placement: <ul style="list-style-type: none"> • Floor (indicate where) • Desktop (indicate where) • Other (indicate where)
Resolution <ul style="list-style-type: none"> • CRT: determine resolution, appropriate YES/NO • LCD: set to native resolution YES/NO 		
Placement: <ul style="list-style-type: none"> • Alignment: aligned to allow neutral head/neck position YES/NO • Height: top of screen at or lower than eye level YES/NO • Distance: screen at least arm's length away YES/NO 	Glare YES/NO <ul style="list-style-type: none"> • If YES: identify source of glare (overhead lights, task lights, windows, other bright source, etc.) 	Computer type <ul style="list-style-type: none"> • Laptop: YES/NO • If YES <ul style="list-style-type: none"> • Docking station (unit laptop plugs into to provide separate peripherals): YES/NO <ul style="list-style-type: none"> • If YES, separate: <ul style="list-style-type: none"> • Keyboard: YES/NO • Mouse: YES/NO • Monitor: YES/NO
Brightness/Contrast Adjusted based on user comfort level YES/NO	Desktop color scheme acceptable: YES/NO	
Monitor screen clean: YES/NO	Font and Icon size acceptable: YES/NO	Computer access - easy access to: <ul style="list-style-type: none"> • On/Off switch: YES/NO • Disc drives: YES/NO • Ports: YES/NO

Document holder	Telephone
Computer workstation Documents viewed at workstation: YES/NO <ul style="list-style-type: none"> • IF YES, document holder to allow for neutral head and neck position YES/NO • If YES, document type (landscape, portrait) and position (attached to side of monitor, off to side on worksurface, between monitor and keyboard) 	What type of telephone is available: <ul style="list-style-type: none"> • Handset • Headset – wired • Headset - wireless • Speaker phone
	Which hand is used to dial telephone: <ul style="list-style-type: none"> • Right • Left
Writing/Reading workstation Documents read or written on at the workstation: YES/NO <ul style="list-style-type: none"> • IF YES, document holder to allow for neutral head and neck position YES/NO If YES, document type (landscape, portrait) and position on worksurface (off to side or in front of user)	Is telephone located on same side as hand used to dial: YES/NO
	Is telephone located within easy reach: YES/NO
	If only handset <ul style="list-style-type: none"> • Phone used more than one hour a day and/or for calls longer than 5 minutes YES/NO • Phone used when also at the keyboard or writing notes frequently YES/NO

Other office equipment and supplies	Desktop and secondary file storage
Is other office equipment located within easy reach: YES/NO	Desktop storage adequate YES/NO Secondary storage adequate YES/NO

Step Six: ENVIRONMENTAL FACTORS

Lighting	Noise, Ventilation, Temperature and Humidity			
Adequate ambient lighting YES/NO	Does workplace have a moderate environment in terms of:			
Adequate task lighting YES/NO	Noise YES/NO	Ventilation YES/NO	Temperature YES/NO	Humidity YES/NO

Step Seven: RECOMMENDED WORKSTATION SETUP and SPECIFICATIONS

Chair		Worksurface		Computer	
Seatpan height:		Worksurface Height:		Keyboard/mouse height:	
Seatpan depth:		Worksurface Configuration (layout): <i>straight-line, L-shape or corner</i>		Monitor screen distance:	
Seatpan width:		Worksurface Configuration (adjustment): <i>fixed height or adjustable height</i>		Monitor screen height:	
Armrest floor:		Comments:			

Step Eight: SUMMARIZE ISSUES AND RECOMMENDATIONS

ISSUE	RECOMMENDATION

Step Nine: FOLLOW-UP

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