

Office Ergonomics Design System WORKSHEET

Job Tasks

During a typical day at work what percentage do you spend:	%
• Standing	
• Sitting	
• Walking	

Does your job involve lifting more than 20#?	YES	NO
• If YES , please describe: object dimensions, weight and frequency of lifting:		

Estimate what percentage of the day you do the following activities, (you may not get exactly 100%, some activities may be performed at the same time.)	%
• Telephone use	
• Computer use	
• Handwriting	
• Reading	
• Meetings	
• Filing	
• Printing	
• Copying	
• Other (fill in)	

Workstation

Work location breakdown

Do you work in more than one workstation (other than for just short periods of time)? **YES NO**
List the work location(s) and percentage spent at each.

Does anyone else make use of the workstation? **YES NO**

Seating System

Brand and Model		
Legs and Casters		
Does the chair/stool have five legs ?	YES	NO
Are the casters suitable for the floor type (hard for carpeted floors and soft for hard floors)?	YES	NO
Seat pan		
Can you adjust the height of the seat pan?	YES	NO
• If YES , have you adjusted the height to place your body/hands at the proper level (<i>elbows at your sides and wrists straight</i>) at the work surface?	YES	NO

Can you adjust the angle and position of the seat pan?	YES	NO
• If YES , have you adjusted the angle and position to provide proper body support?	YES	NO
Is the seat pan padded ?	YES	NO
Back Support		
Can you adjust the height of the back support?	YES	NO
• If YES , have you adjusted the height to provide back support?	YES	NO
Can you adjust the angle of the back support?	YES	NO
• If YES , have you adjusted the angle to provide back support ?	YES	NO
Can you adjust the forward/backward position of the back support?	YES	NO
• If YES , have you adjusted the forward/backward position to provide back support ?	YES	NO
Armrests		
Does your chair/stool have armrests?	YES	NO
• If YES are they adjustable (up/down and/or in/out)?	YES	NO
• If YES , have you adjusted the armrests to provide support for your arms when at the keyboard or writing?	YES	NO

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Maintenance		
Does your chair have any maintenance problems? ♦ If YES , please describe:	YES	NO
♦ Have you submitted a work order for maintenance?	YES	NO

Work Surface

Is your work surface a stand-alone desk or a modular work surface?	Stand alone	Mod
Can you adjust the height of your work surface (excluding keyboard trays)?	YES	NO
♦ If YES , have you adjusted the work surface height to place your body/hands at the proper level?	YES	NO
Do you perform different tasks on the same work surface (computer work, writing, collating, etc.)?	YES	NO
Do have limited horizontal work surface for your work tasks, e.g. you have difficulty in laying out work?	YES	NO
♦ If YES , have you tried to free up work surface through house cleaning?	YES	NO

Storage Space

Do you have adequate storage space within your primary reach zone - defined as the zone you can readily reach when you are seated at your chair/stool?	YES	NO
♦ If NO , have you rearranged/removed items within your primary reach zone to free up storage space?	YES	NO
Do you have adequate storage space within your secondary reach zone - zone that requires you to get out of your chair to reach?	YES	NO
♦ If NO , have you rearranged/removed items within your secondary reach zone to free up storage space?	YES	NO
Do you have difficulty in removing stored materials , e.g. due to their weight, need to lift them out of a file drawer, etc.?	YES	NO
Does any storage equipment require maintenance? ♦ If YES , please describe:	YES	NO
♦ Have you submitted a work order for maintenance?	YES	NO

Do you have limited clearance for your knees/feet because of materials stored underneath your work surfaces?	YES	NO
♦ If YES , can you free up clearance through house cleaning?	YES	NO

Equipment -Computer

Do you use computer equipment?	YES	NO
♦ If YES , please answer these questions?		
Do you have a keyboard tray ?	YES	NO
♦ If YES , have you adjusted its height and angle to place your hands in the neutral position?	YES	NO
♦ If NO , are you able to place the keyboard at a level that allows you hands to be in the neutral position?	YES	NO
Do you use a mouse or other pointing device?	YES	NO
♦ If YES , have you placed the mouse next to and at the same level as the keyboard?	YES	NO
Can you adjust the position of your monitor.	YES	NO
♦ If YES , have you adjusted the monitor to place the screen no higher than eye level and as far away from you as possible while still being able to read the screen without squinting?	YES	NO
Do you have glare on your monitor?	YES	NO
Have you adjusted the screen controls (brightness, contrast, etc.)?	YES	NO
Do you keep the screen free of dust and smudges ?	YES	NO
Where is Central Processing Unit (hard drive) placed:		
♦ Is it in the way?	YES	NO
♦ If YES can you move it?	YES	NO
Do you have a printer in your office area?	YES	NO
♦ If YES , is it within your reach zone?	YES	NO
♦ If NO , can you move it within your reach?	YES	NO

Equipment and Supplies- Office

Are commonly used office supplies within accessible reach?	YES	NO
♦ If NO can you rearrange them?	YES	NO

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Do you have a document holder?	YES	NO
♦ If YES , do you use it on regular basis?	YES	NO
Do you use the telephone more than 20% of your day?	YES	NO
♦ If YES , do you use a headset?	YES	NO

<p>Seating System</p> <p>Seatpan height: _____</p> <p>Seatpan depth: _____</p> <p>Seatpan width: _____</p> <p>Armrest Floor: _____</p> <p>Armrest Seat: _____</p> <p>Armrest width: _____</p> <p>Other:</p>	<p>Worksurface Ht: _____</p> <p>Computer</p> <p>Keyboard height: _____</p> <p>Pointing device: _____</p> <p>Monitor distance: _____</p> <p>Monitor height: _____</p> <p>Other:</p>
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Environment		
Do you have adequate lighting in your workplace?	YES	NO
♦ If NO , please describe:		
Do you have adequate ventilation in your workplace?	YES	NO
♦ If NO , please describe:		
Do you have too much noise in your workplace?	YES	NO
♦ If YES , please describe:		

Issues	Recommendations
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.