

# Office Ergonomics Quick Checklist

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Email: \_\_\_\_\_  
 Dept: \_\_\_\_\_ Evaluator: \_\_\_\_\_  
 Supv: \_\_\_\_\_ Date: \_\_\_\_\_

Yes	No	CHAIR
<input type="checkbox"/>	<input type="checkbox"/>	Employee understands how to make the various chair adjustments
<input type="checkbox"/>	<input type="checkbox"/>	Feet are comfortably flat on the floor
<input type="checkbox"/>	<input type="checkbox"/>	Footrest, if needed, is being used properly
<input type="checkbox"/>	<input type="checkbox"/>	Maintains more than a 90 degree angle at knees, waist, and elbows
<input type="checkbox"/>	<input type="checkbox"/>	Maintains at least one inch separation between back of knees and seat edge
<input type="checkbox"/>	<input type="checkbox"/>	Back supported by chair including the lumbar
<input type="checkbox"/>	<input type="checkbox"/>	No contact with arm rests when typing or mousing

Yes	No	KEYBOARD/MOUSE
<input type="checkbox"/>	<input type="checkbox"/>	Shoulders are relaxed when keying
<input type="checkbox"/>	<input type="checkbox"/>	Wrists are straight and floating above keyboard when typing
<input type="checkbox"/>	<input type="checkbox"/>	Palms are not touching wrist rest when keying
<input type="checkbox"/>	<input type="checkbox"/>	Mouse/input device at same height as keyboard
<input type="checkbox"/>	<input type="checkbox"/>	Mouse/input device located near keyboard
<input type="checkbox"/>	<input type="checkbox"/>	Wrist is straight and not bent when using mouse

Yes	No	MONITOR
<input type="checkbox"/>	<input type="checkbox"/>	Employee can view text comfortably
<input type="checkbox"/>	<input type="checkbox"/>	Head is supported above body, and neck is straight
<input type="checkbox"/>	<input type="checkbox"/>	Employee is not squinting to look at monitor
<input type="checkbox"/>	<input type="checkbox"/>	Turn off monitor, there should be only minor glare from seated position
<input type="checkbox"/>	<input type="checkbox"/>	If there is a window, is the monitor located perpendicular to window

Yes	No	EMPLOYEE
<input type="checkbox"/>	<input type="checkbox"/>	Frequently used desk items can be reached without leaning body
<input type="checkbox"/>	<input type="checkbox"/>	Employee is taking stretch breaks every 30 minutes
<input type="checkbox"/>	<input type="checkbox"/>	Employee looks at a distant object (20ft) every 30 minutes
<input type="checkbox"/>	<input type="checkbox"/>	Employee gets up from chair at least once an hour
<input type="checkbox"/>	<input type="checkbox"/>	Employee avoids placing elbows on desk and arms on edges of desk
<input type="checkbox"/>	<input type="checkbox"/>	Employee limits holding phone with shoulder (cradling)
<input type="checkbox"/>	<input type="checkbox"/>	Employee should "look comfortable"