# Office Ergonomic Assessment

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | |  | | | | |
| Job Title | | |  | | | | |
| Workstation Location | | |  | | | | |
| Phone Number |  | | | Email Address |  | | |
| Employee Number | |  | | | | Date |  |
| Evaluator Name | |  | | | | | |

### Hazards

|  |  |  |  |
| --- | --- | --- | --- |
| Areas of pain |  | | |
| **Does the employee:** | | | |
| Perform stretching exercises? | | Yes | No |
| Change posture hourly? | | Yes | No |
| Have conditions that may impact workstation setup? | | Yes | No |
| If so, list here (with employee permission) | | | |
|  | | | |
|  | | | |
|  | | | |

### Chair

|  |  |  |  |
| --- | --- | --- | --- |
| **Concerning the employee** | | | |
| Are the knees bent 90 degrees? | | Yes | No |
| Are the hips at 90 to 110 degrees? | | Yes | No |
| Is the lower back supported? | | Yes | No |
| Are the feet flat on the floor? | | Yes | No |
| Are the upper legs parallel to the floor? | | Yes | No |
| Are the shoulders behind the hips? | | Yes | No |
| Suggestions |  | | |
|  | | | |
|  | | | |
|  | | | |

### Hands and Keyboard

|  |  |  |  |
| --- | --- | --- | --- |
| **Is the keyboard** | | | |
| Aligned with the monitor? | | Yes | No |
| Near the front of the desk? | | Yes | No |
| Directly in front of the employee? | | Yes | No |
| Close to/directly next to the mouse? | | Yes | No |
| **Concerning the employee** | | | |
| Is the gripping force acceptable? | | Yes | No |
| Are the forearms parallel to the floor? | | Yes | No |
| Are the elbows at 90 to 110 degrees? | | Yes | No |
| Are the elbows close to the body? | | Yes | No |
| Are the elbows slightly above desk height? | | Yes | No |
| Are the wrists straight/unbent? | | Yes | No |
| Suggestions |  | | |
|  | | | |
|  | | | |
|  | | | |

### Monitor

|  |  |  |  |
| --- | --- | --- | --- |
| **Is the monitor** | | | |
| Directly in front of the employee? | | Yes | No |
| 16 to 28 inches from the employee's face? | | Yes | No |
| Just below eye level at the top of the screen? | | Yes | No |
| Visually comfortable in brightness and contrast? | | Yes | No |
| Free from reflections or glare? | | Yes | No |
| Clearly visible without straining the neck? | | Yes | No |
| Suggestions |  | | |
|  | | | |
|  | | | |
|  | | | |

### Physical Documents and Telephone

|  |  |  |  |
| --- | --- | --- | --- |
| **Is the copyholder** | | | |
| Sufficient in use? | | Yes | No |
| **Is the telephone** | | | |
| Within arm's easy reach? | | Yes | No |
| On the left side if right handed (vice versa)? | | Yes | No |
| Used with a headset for extended talking? | | Yes | No |
| Held correctly (never between the neck and shoulder)? | | Yes | No |
| Suggestions |  | | |
|  | | | |
|  | | | |
|  | | | |

### General Environment

|  |  |  |  |
| --- | --- | --- | --- |
| **Is the employee** | | | |
| Taking regular breaks from typing? | | Yes | No |
| Minimizing back twisting? | | Yes | No |
| Minimizing unnatural postures (including slouches)? | | Yes | No |
| Organizing items efficiently (frequent items closer)? | | Yes | No |
| Suggestions |  | | |
|  | | | |
|  | | | |
|  | | | |

### Outcome

If any answer to a question is “No,” adjustments must be made to correct the concern.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee comments | |  | | |
|  | | | | |
|  | | | | |
|  | | | | |
| Employee signature |  | | Date |  |
| Evaluator comments | |  | | |
|  | | | | |
|  | | | | |
|  | | | | |
| Evaluator Signature |  | | Date |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Follow-up required? | Yes | No | Follow-up date |  | Closed? | Yes | No |

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