

## Workstation Ergonomics Self-Assessment

*This assessment is best completed by two people. This enables the employee to sit at their workstation while a second person observes and assists them.*

ITEM	QUESTION	YES	N/A	NO	SUGGESTED ACTION
1	Can the height, seat and back of your chair be adjusted to achieve the correct sitting position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtain a fully adjustable chair.
2	Are your feet fully supported by the floor when you are seated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lower the chair; use a footrest.
3	Are your knees the same height as your hips when seated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjust the chair's height; use a footrest.
4	Does your chair provide support for your lower back?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjust chair back; obtain lumbar roll; obtain proper chair.
5	When your back is supported, you are able to sit without feeling pressure from the chair seat on the back of your knees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjust seat pan; add a back support.
6	Do your armrests allow you to get close to your workstation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjust armrests; remove armrests.
7	Are your hands, wrists and forearms straight, in-line and roughly parallel to the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make needed adjustments to the chair.
8	Are your keyboard, mouse and work surface at your elbow height?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Raise or lower workstation, chair or keyboard.
9	Are frequently used items within easy reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rearrange workstation.
10	Is the keyboard close to the front edge of the desk, allowing space for the wrist to rest on the desk surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Move keyboard to correct position.
11	When using your keyboard and mouse, are your wrists straight and your upper arms relaxed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check keyboard and mouse height; raise or lower chair, check posture.
12	Is your mouse at the same level and as close as possible to your keyboard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Move mouse closer to keyboard; obtain larger keyboard tray.
13	Is the mouse comfortable to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rest your dominant hand by using your non-dominant hand briefly.

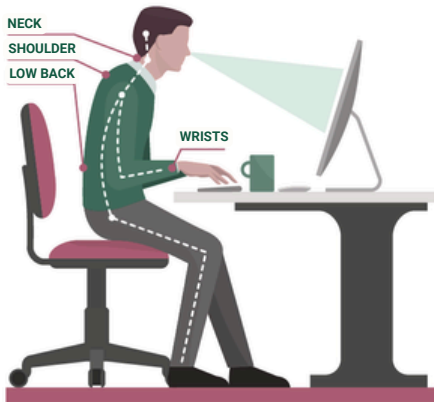
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14	Is your monitor positioned directly in front of you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reposition monitor.
15	Is your monitor positioned at least an arm's length away? Note: the monitor's location is dependent on the monitor size, font size, screen resolution and user.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reposition monitor; obtain an alternative monitor.
16	Is your monitor height slightly below eye level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Add or remove monitor stand; adjust monitor height.
17	Is your monitor and work surface free from glare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjust overhead lighting; cover windows; obtain anti-glare screen.
18	Do you have appropriate light for reading or writing documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtain desk lamp and place on opposite side of dominant hand.
19	Are frequently used items located within the usual work area? Are items only occasionally used in the occasional work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rearrange workstation.
20	Do you take postural breaks every 30 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set reminders to take breaks.
21	Do you take regular eye breaks from looking at your monitor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refocus eyes on object ten feet away every half hour.
22	Is there a sloped desk surface or angle board for reading and writing tasks if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtain an angle board.
23	Is there a document holder either beside the screen or between the screen and keyboard if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtain document holder.
24	Are you using a headset or speaker while writing or typing and talking on the phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtain a headset.
25	Assess the lighting in the space. If overhead lights are not adequate or turned off, is task lighting available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtain task lamp if necessary.
26	If using a laptop for prolonged periods of time, is there a full sized external keyboard and mouse, docking station with full sized monitor or a laptop stand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtain appropriate laptop accessories.

## Workstation Ergonomics Self-Assessment

Please refer to these images while completing the assessment.



**WRONG SITTING  
POSTURE**

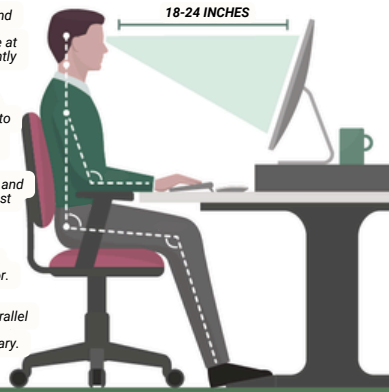
**MONITOR**  
Adjust distance and height. Top of the monitor should be at eye-level and slightly tilted.

**ARMS**  
Relax shoulders, forearms parallel to the floor. Minimal bend at the wrist.

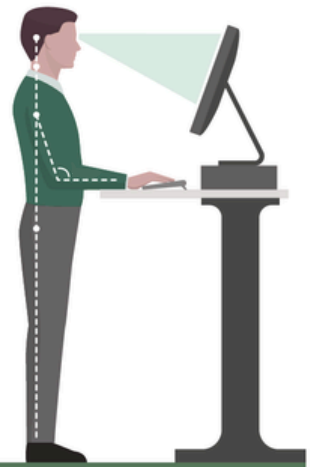
**CHAIR**  
Should have back and arm support. Adjust height.

**LEGS**  
Thighs should be parallel to the floor.

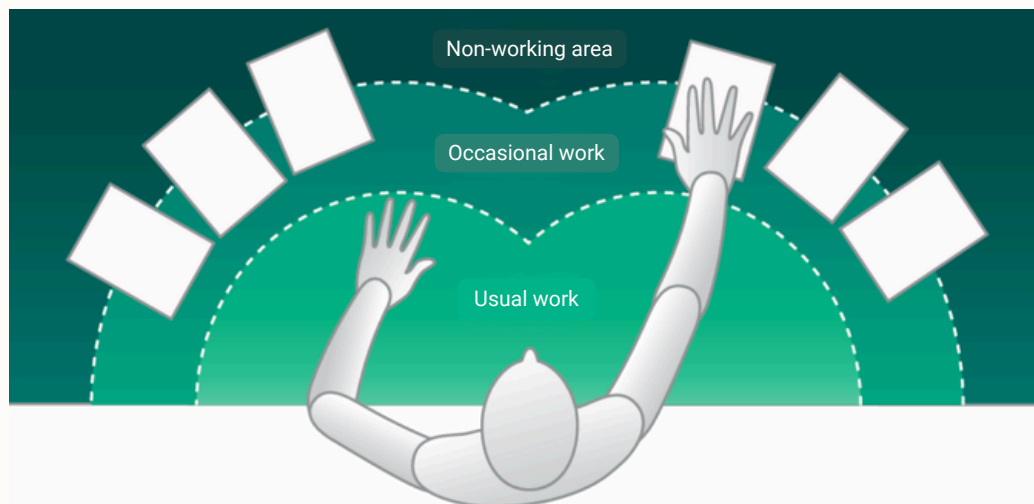
**FEET**  
Feet should be parallel to the floor. Use a footrest if necessary.



**CORRECT SITTING  
POSITION**



**CORRECT STANDING  
POSITION**





## Workstation Ergonomics Self-Assessment

*All completed assessments, as well as any questions or concerns, should be submitted to your supervisor.*

*Changes should be methodically implemented in order to evaluate for effectiveness. Allow a trial time of at least 30 days for each change. If pain or problems continue to persist after the trial period, please return this completed form to EH&S via email: [safety@wm.edu](mailto:safety@wm.edu).*

<b>Name</b>	
<b>Signature</b>	
<b>Position/ Job Title</b>	
<b>Department</b>	
<b>Date</b>	