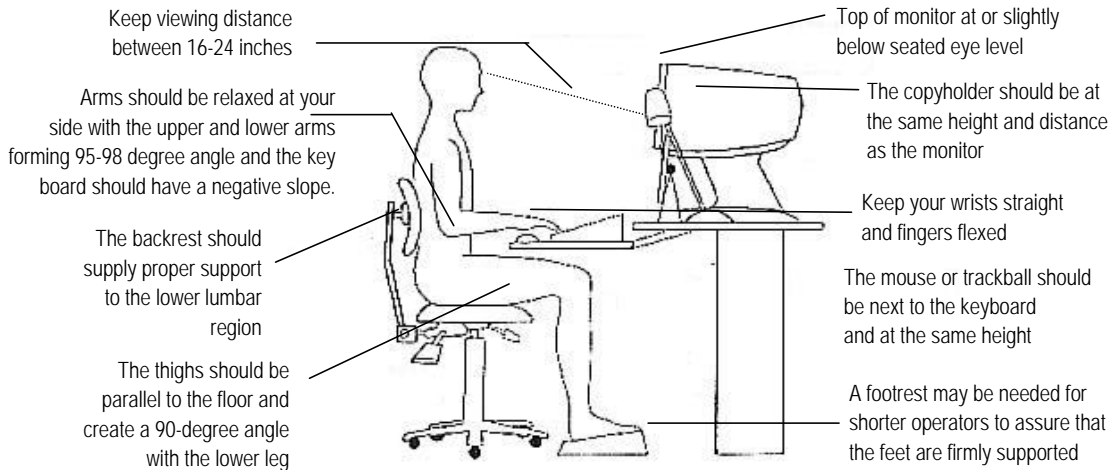


OFFICE ERGONOMIC EVALUATION FORM

Name: _____ Date: _____
 Phone: _____ Building / Room Number: _____
 Department: _____ Job Title: _____
 Departmental Supervisor: _____ Phone: _____

Average Daily PC Usage: 0-2 Hours 2-4 Hours 4-6 Hours 6+ Hours
 CTD Symptoms: Yes No
 Follow-Up: Yes No Follow-Up Date: _____
 Comments: _____

Correct Sitting Posture



Chair

Feet flat on floor? Yes No
 Upper legs parallel to floor? Yes No
 Lower back supported? Yes No
 Seat pan length OK? Yes No

Recommendations

Footrest
 Raise chair Lower chair
 Adjust back rest, seat pan, arm rest
 Evaluate other chairs
 Other

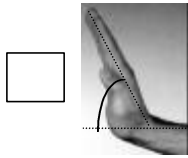
Keyboards / Hands

Forearms parallel to floor?

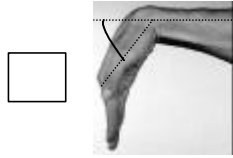
Yes No

Wrists straight and level?

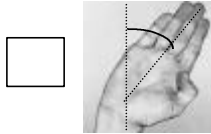
Yes No



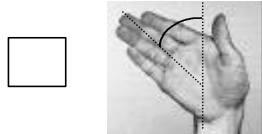
Extension



Flexion



Radial Deviation



Ulnar Deviation

Keying/Mouse grip force OK?

Yes No

Mouse location OK?

Yes No

Monitor

Monitor directly in front of user?

Yes No

Viewing distance 16-24 inches?

Yes No

Top of screen slightly below seated eye level?

Yes No

Screen free of glare, reflection?

Yes No

Visual comfort OK?

Yes No

Eyeglass (bifocal) prescription OK?

Yes No

Copyholder

Copyholder use OK?

Yes No

Phone

Phone use OK?

Yes No

Recommendations

Raise keyboard Lower keyboard

Adjust keyboard incline angle

Needs adjustable keyboard/mouse platform

Needs wrist rest

Evaluate ergonomic keyboard

Position mouse next to keyboard and at same height

Needs mouse wrist rest

Evaluate mouse hardware change

Other _____

Recommendations

Reposition monitor

Lower monitor Raise monitor

Refocus on distant objects
(30 seconds every 30 minutes)

Close curtains, window blinds

Lower overall office lighting level

Change screen colors to provide good contrast
(dark letters on a light colored background is preferred)

Add task lighting

Reposition entire PC workstation

Adjust monitor tilt angle

Other _____

Recommendations

Needs copy holder

Position copy holder at same height and viewing distance as monitor

Other _____

Recommendations

Needs phone cradle device

Is phone use required while on the PC? Yes No

Average daily phone usage: 0-30 minutes 30-90 minutes 90+ minutes

Needs speaker phone
 Needs headset
 Other _____

Work Habits

Work habits OK? Yes No

Recommendations

Mini-breaks (2-3 minutes every 45 minutes of PC work)
 Alternate between typing and non-typing work
 PC break software
 Other _____

General Office

Are awkward postures minimized? Yes No
 Is back twisting minimized? Yes No
 Can you avoid overhead reaches? Yes No

Recommendations

Lower desk work surface height
 Needs adjustable height workstation
 Change office layout
 Change drawer/shelf location
 Reposition notebook, books, etc.
 Other _____

Evaluation conducted by: _____
 Date: _____