This questionnaire will be filled out whenever an office ergonomic evaluation is conducted by a Safety, Health, and Employee Wellness Branch (SHEWB) employee. Answer each question during the ergonomic evaluation and check off “YES” or “NO” to each question. If you answer “NO” to any of the questions, then appropriate action should be taken to correct the workstation setup. Address each question that had a “NO” answer by listing your specific recommendations under that question.

Name: ___________________________  Date: _____________

Keyboard and Mouse

1. Is the keyboard height adjusted so that the user has approximately a 90 to 120 degree angle in the elbow while using the keyboard? .....................

________________________________________________________________________

2. Are the forearms approximately parallel to the floor while keyboarding? ......

________________________________________________________________________

3. Is the keyboard close to the user to avoid excessive reaching? .................

________________________________________________________________________

4. Is the pointing device (e.g., mouse, trackball) located adjacent to the keyboard and at the same height as the keyboard? [If “NO”, then see a. and b. below]..

   a. Can the user rest his/her forearm on the desk while using the pointing device w/o excessive reaching? .........................

   b. Is the angle b/t the user’s arm and ribs less than 45 degrees? [If “YES” to both a. and b., #4 counts as a YES] .......

________________________________________________________________________
5. Is the keyboard lying flat or slightly tilted away (e.g., negative tilt) from the user? .................................................................

6. Are the wrists in a neutral position while keyboarding? (The wrists should be flat or have slight extension. The wrists should not be excessively deviated towards the midline of the body or away from the midline of the body.) ........

7. Does the user use soft, easy key strokes? ...........................................

8. Does the user rest his/her hands on a palm support or in his/her lap during rest pauses? .................................................................

9. Does the user avoid resting his/her wrists on hard surfaces or sharp edges while keyboarding or using the mouse? .................................................................

Monitor

10. Is the surface of the viewing screen clean? ........................................

11. Is the brightness and contrast adjusted to optimum comfort? .................

12. Is the monitor placed directly in front of the user to avoid twisting of the neck? .................................................................

13. Is the top of the viewing screen at eye level (if non-bifocal wearer)? ............
14. If the user wears bifocals, then does the user have the monitor height adjusted appropriately? [Viewing screen should be approximately 2”-3” below eye level for bifocal wearers] .................................................................

15. Is the monitor approximately arms’ length away from the user? ................................

16. Is the monitor screen at a right angle to the floor or is the top of the monitor slightly titled away from the user at a 10 to 20 degree angle? .................

17. Is the viewing screen of the monitor positioned perpendicular to windows? [If “NO”, then see question) below] .........................................................

   Does the user have a glare screen to reduce glare? [A “YES” answer to this question results in a “YES” to #17] .......................

18. Is the monitor properly positioned to avoid excessive glare from lights? [If “NO” then see question below] .................................................................

   Does the user have a glare screen to reduce glare? [A “YES” answer to this question results in a “YES” to #18] .......................

Chair

19. Is the backrest angle set so the hip-torso angle is between 90 and 120 degrees? .................................................................

20. Is the back of the user’s knees approximately 2” out from the seat pan? ...............
21. Do the feet rest flat on the floor and are the thighs parallel to the floor? □ □

22. Does the user sit upright in the chair with the lower back supported by the backrest? □ □

23. Does the user take frequent (1 every ½ hour) mini-breaks to get up and stretch or walk around? □ □

24. If used, are the arm rests used appropriately? (e.g., to support the meaty part of the forearm and not for slouching) □ □

25. Does the chair have height adjustment and either tilt adjustment or backrest angle adjustment? □ □

Desktop

26. Is the surface of the desk approximately elbow height when the user drops his/her arms to his/her side (while seated)? □ □

27. Are frequently used items placed within arms length of the user? □ □

28. If a telephone is used while entering data, does the user avoid holding the phone with his/her neck by using a speaker phone or headset? □ □
29. If used, is the document holder at approximately the same height and distance as the monitor? □ □

30. Is the area under the desk clear to accommodate the user’s legs and allow for stretching? □ □

31. If the user retrieves binders from overhead shelves, does the user use a footstool so he/she does not retrieve objects higher than shoulder height? □ □

**Lighting**

32. Is direct overhead lighting reduced (where possible)? □ □

33. Are walls covered with a medium color, flat or textured finish, as not to create excessive glare? □ □

34. Where necessary, are drapes and/or blinds closed to reduce glare? □ □

35. Are desk lights pointed away from the monitor to reduce glare? □ □