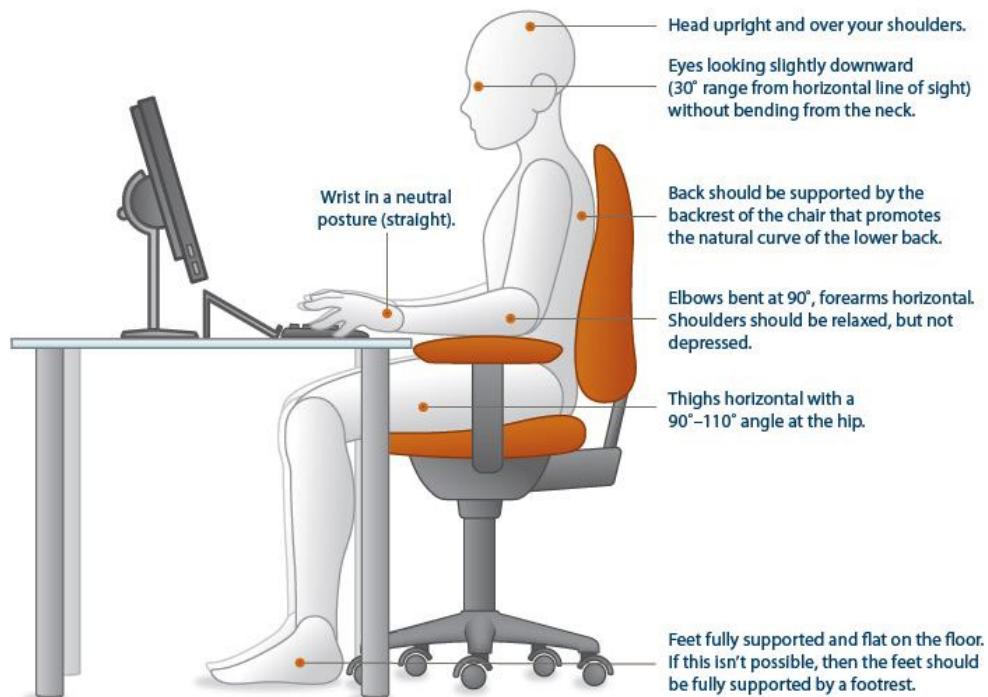


COMPUTER WORKSTATION ERGONOMICS: SELF-ASSESSMENT CHECKLIST

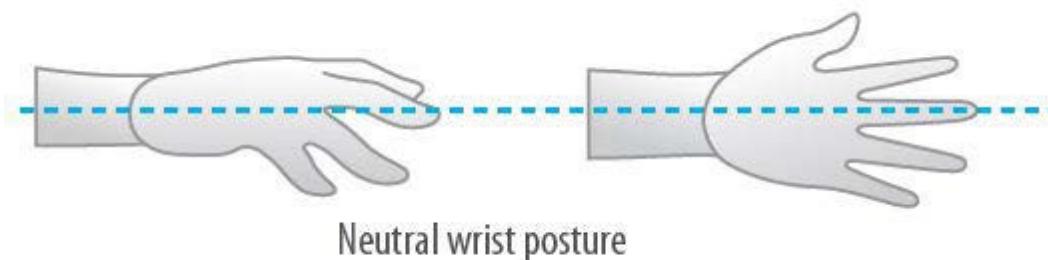
The goal of this self-assessment is to help you set up your workstation for optimal comfort and performance.

After completing this checklist, please discuss any concerns or requirements with your supervisor and submit the completed assessment to EHSO at indhyg@emory.edu.

Item	The Office Chair	Yes	No	N/A	Suggested Actions
1.	Can the chair's height, seat, and back be adjusted to achieve the posture outlined below?				<ul style="list-style-type: none"> Obtain a fully adjustable chair.
2.	Are your feet fully supported by the floor when you are seated?				<ul style="list-style-type: none"> Lower the chair. Use a footrest.
3.	Does your chair provide support for your lower back?				<ul style="list-style-type: none"> Adjust the chair back. Obtain lumbar roll. Obtain a proper chair.
4.	When your back is supported, can you sit without feeling pressure from the chair seat on the back of your knees?				<ul style="list-style-type: none"> Adjust the seat pan. Add a back support.
5.	Do your armrests allow you to get close to your workstation?				<ul style="list-style-type: none"> Adjust armrests. Remove armrests.



COMPUTER WORKSTATION ERGONOMICS: SELF-ASSESSMENT CHECKLIST

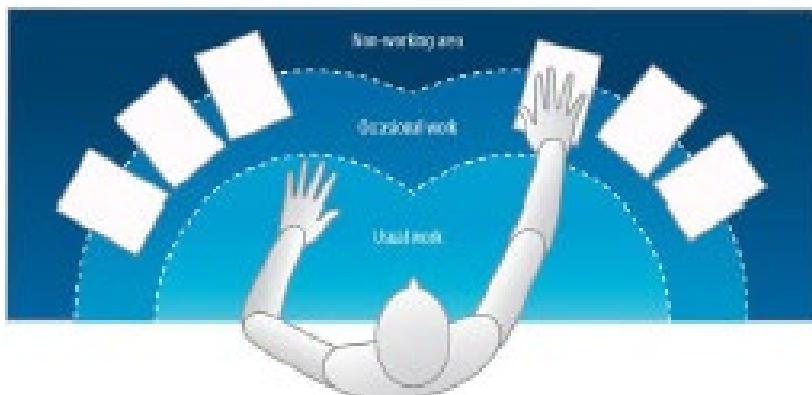


Item	Keyboard and Mouse	Yes	No	N/A	Suggested Actions
6.	Are your keyboard, mouse, and work surface at your elbow height?				<ul style="list-style-type: none"> • Raise/lower workstation. • Raise or lower the keyboard. • Raise or lower chair
7.	Are frequently used items within easy reach?				<ul style="list-style-type: none"> • Rearrange workstation
8.	Is the keyboard close to the front end of the desk?				<ul style="list-style-type: none"> • Move the keyboard to the correct position
9.	Are your wrists straight and upper arms relaxed when using your keyboard and mouse? The keyboards should be flat and <i>not propped up on keyboard legs, as an angled keyboard may place the wrist in an awkward posture when keying.</i>				<ul style="list-style-type: none"> • Re-check the chair; raise or lower as needed. • Check posture. • Check keyboard and mouse height.
10.	Is your mouse at the same level and as close to your keyboard?				<ul style="list-style-type: none"> • Move the mouse closer to the keyboard. • Obtain a larger keyboard tray if necessary.
11.	Is the mouse comfortable to use?				<ul style="list-style-type: none"> • Rest your dominant hand by using the mouse with your non-dominant hand for brief periods (mouse buttons can be changed within the computer control panel). • Investigate alternate mouse options.

Item	Work Surface	Yes	No	N/A	Suggested Actions
12.	Is your monitor positioned directly in front of you?				<ul style="list-style-type: none"> • Reposition monitor
13.	Is your monitor positioned at least an arm's length away?				<ul style="list-style-type: none"> • Reposition monitor. • Seek an alternative monitor, if necessary,

COMPUTER WORKSTATION ERGONOMICS: SELF-ASSESSMENT CHECKLIST

	Note: the monitor location is dependent on the size of the monitor, the font, screen resolution, and the individual user, e.g., vision/use of bifocal spectacles.			e.g. flat screen that uses less space.
14.	Is your monitor height slightly below eye level?			<ul style="list-style-type: none"> • Adjust monitor height. • Add or remove the monitor stand.
15.	Is your monitor and work surface free from glare?			<ul style="list-style-type: none"> • Cover windows. • Adjust overhead lighting. • Obtain an anti-glare screen.
16.	Do you have appropriate light for reading or writing documents?			<ul style="list-style-type: none"> • Obtain a desk lamp. • Place on the left if right-handed and on the right if left-handed.
17.	Are frequently used items located within the usual work area and items that are only used occasionally in the occasional work area?			<ul style="list-style-type: none"> • Rearrange workstation.



COMPUTER WORKSTATION ERGONOMICS: SELF-ASSESSMENT CHECKLIST

Item	Breaks	Yes	No	N/A	Suggested Action
18.	Do you take posture breaks every 30 minutes?				<ul style="list-style-type: none"> • Set reminders to take breaks.
19.	Do you take regular eye breaks from looking at your monitor?				<ul style="list-style-type: none"> • Refocus on picture on wall every 30 minutes.

Item	Accessories	Yes	No	N/A	Suggested Action
20.	Is there a sloped desk surface or angle board for reading and writing tasks if required?				<ul style="list-style-type: none"> • Obtain an angle board.
21.	Is there a document holder beside the screen or between the screen and keyboard if required?				<ul style="list-style-type: none"> • Obtain document holder.
22.	Are you using a headset or speakerphone if you are writing or keying while talking on the phone?				<ul style="list-style-type: none"> • Obtain a headset if using the phone and keyboard.

Item	Laptop	Yes	No	N/A	Suggested Action
23.	If you are using a laptop computer for prolonged periods, do you also have: <ul style="list-style-type: none"> • A full-sized external keyboard and mouse. • Docking station with a full-sized monitor or a laptop stand. 				<ul style="list-style-type: none"> • Obtain appropriate laptop accessories.

Person Completing the Assessment

Name		Job Title	
Signature		Date	

EHSO

Name		Job Title	
Signature		Date	
Comments/ Recommendations			