COMPUTER WORKSTATION SELF INSPECTION CHECKLIST

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_\_

# Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CB#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location (Bldg.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room: \_\_\_\_\_\_\_\_\_\_\_\_

To perform a self-inspection of your workstation refer to the section “Computer Workstation Ergonomics” of your Workplace Safety Employee Handbook. If possible, make appropriate adjustments to your workstation, for each “No” answer as you perform the inspection. If additional assistance is needed, please check the EHS follow-up requested column.

**FINDING (**circle one) **EHS** **follow-up**

**requested?**

**Chair**

# Is the chair adjusted so that your hips are slightly higher than your

# knees with your feet touching the floor? Yes No NA \_\_\_\_\_\_\_\_\_

1. Is the seat depth such that there is a fist distance in between the front of

the seat and the back of the knee? Yes No NA \_\_\_\_\_\_\_\_\_

1. Does the back rest feel comfortable and is the lumbar spine curve

Support of the backrest supporting your lower back? Yes No NA \_\_\_\_\_\_\_\_\_

1. With your arms straight at your side and forearms parallel to the floor,

with shoulders relaxed, can the armrests be adjusted to support this

position? Yes No NA \_\_\_\_\_\_\_\_\_

## Monitor

1. Is the monitor directly in front of you when in use? Yes No NA \_\_\_\_\_\_\_\_\_

2. Is the top of the monitor below eye level? Yes No NA \_\_\_\_\_\_\_\_\_ 3. Is the monitor located between 28 – 36” away from your face? Yes No NA \_\_\_\_\_\_\_\_\_

### Keyboard

1. Is the keyboard tray adjustable anywhere from flat to a negative tilt? Yes No NA \_\_\_\_\_\_\_\_\_

2. Are your wrists straight (in a neutral position) while typing? Yes No NA \_\_\_\_\_\_\_\_\_

3. Is the keyboard positioned directly in front of you? Yes No NA \_\_\_\_\_\_\_\_\_

4. Is the keyboard positioned so that your upper arms are straight at

the side and your forearms are slightly below horizontal? Yes No NA \_\_\_\_\_\_\_\_\_

1. Is your mouse positioned in easy reach, approximately over the

number pad on the keyboard? Yes No NA \_\_\_\_\_\_\_ \_\_

### Worksurface

1. Is the worksurface for writing at a height so that the forearms are

parallel or slightly raised? Yes No NA \_\_\_\_\_\_\_\_\_

1. Are tools (phone, Dictaphone, etc.) within easy reach? Yes No NA \_\_\_\_\_\_\_\_\_
2. Does the leg room area allow you to have your feet flat on the floor

yet be able to move your legs freely under the desk? Yes No NA \_\_\_\_\_\_\_\_\_

1. Is the lighting at your worksurface adequate? Yes No NA \_\_\_\_\_\_\_\_\_

### Telephone

1. If you are a frequent phone user do you have a headset or speaker

phone? Yes No NA \_\_\_\_\_\_\_\_\_

1. Is your phone located on the opposite side of the work area from

your writing hand? Yes No NA \_\_\_\_\_\_\_\_\_

### Breaks

Do you take 10 –15 second breaks at least every 20 minutes? Yes No \_\_\_\_\_\_\_\_\_