



UNIVERSITY OF WYOMING

WORKSTATION ERGONOMIC ASSESSMENT FORM

Building:	Location:	Number of personnel using workstation:			
Assessor:	Task Rotation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:			
Work Activities (Average Time)	Hours/Day	Hours/Week	Comments		
1. Hours sitting:					
2. Hours standing:					
3. Hours walking:					
4. Hours at computer workstation:					
Work Surfaces			Yes	No	N/A
1.	Do work surfaces reflect glare?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there adequate space for tasks and equipment?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the workstation height fit the tasks (writing, reading, precise work – 5 cm above elbow)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is workstation height appropriate for typing/keyboarding (elbow height with arms dangling at sides)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are heavier work tasks just below elbow height?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Can the employee move easily to complete work tasks without awkward postures or positioning?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is there appropriate leg room under the work surface for knees (> 46 cm) and feet (> 61 cm)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keyboard and Mouse			Yes	No	N/A
8.	When typing/keyboarding, are wrists in the neutral position (straight on home row and keyboard centered in front of user)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Is there a padded wrist rest?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Are elbows maintained at 80-90 degrees?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Is the mouse beside the keyboard at the same level as the keyboard?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Is the keyboard placed on an adjustable surface (keyboard tray with vertical and horizontal adjustment)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Can the keyboard tray (if applicable) be moved out of the way in order to not interfere with user's legs?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document Holder			Yes	No	N/A
14.	Is the document holder appropriate for the document (size)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Is the document holder located beside the monitor at the same angle as the screen?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Does the document holder help prevent unnecessary head movement and eye strain?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Lighting	Yes	No	N/A
17. Are lighting levels between 300 lux and 500 lux?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is there an adjustable task lamp to provide light for the task surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are overhead lights positioned such that they do not create shadows on the workstation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Do the overhead lights have diffusers or parabolic louver filters to help reduce glare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is the workstation oriented at 90 degrees from window?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Are there curtains/blinds to reduce glare from windows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the workstation located between rows of overhead lights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor	Yes	No	N/A
24. Does the monitor have an anti-glare screen installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Is the monitor located in front of the user with top of screen level with user's eyes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Is the monitor tilted slightly upwards (10-20 degrees, lower if user is wearing bifocals)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Are the user's eyes located approximately an arms distance away from the monitor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chair	Yes	No	N/A
28. Is the chair adjustable to suit the work tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Does the chair provide the user with lumbar support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Does the chair have five support legs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Does the chair have the appropriate casters for the rolling surface (hard surface or carpet)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Are the employee's feet flat on the floor when sitting in chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Does the chair have adjustable armrests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. When sitting in chair, are the employee's thighs parallel to the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. When sitting in chair, are the employee's knees at an approximate 90 degree angle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. When sitting in chair, is there space for a fist between the knees and the chair seat pan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Does the employee have knowledge as to how to adjust the chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of Use	Low	Med	High
38. Stapler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Tissue box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Tape dispenser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Pens/Pencils/Etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Printer/Copier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			