



# Home Office Ergonomics Follow-Up Form

Employee name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

CHAIR			NOTES
Chair Adjustments	Does the employee know how to use all adjustment features?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	
Seat Height	Are feet flat on the floor or on a footrest with knees and hips at the same height?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Back Rest	Does the chair's lumbar support fit into the lumbar curve of the back?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Seat Pan	Is there about 2 - 3" of space from the backs of knees to the front of the chair?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Arm Rests	Are arm rests available for support when needed and out of the way when necessary?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
KEYBOARD AND MOUSE			NOTES
Keyboard Height	With shoulders relaxed and arms hanging at the side of the body with elbows at 90 to 110 degrees, is the keyboard under the palms of the hands?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Keyboard Slope	Does the keyboard lay flat (not propped up)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Mouse	Is the mouse next to the keyboard and at the same height as the keyboard?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
MONITOR			NOTES
Height	Top of screen is at or slightly lower than eye level?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Distance	Monitor distance approximately 16" - 28" away (approx. arm's length)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Placement	Single monitor: positioned directly in front of user? Dual monitor: main monitor closest to center?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Placement	Monitor positioned to avoid glare from a light source like a window or light fixture?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORK ENVIRONMENT			NOTES
Under Work Surface	Free from clutter allowing the legs to move comfortably?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Frequently-used Items	Are most frequently-used items within easy reach?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORK PRACTICES			NOTES
Micro-breaks	Get out of chair at least once per hour, micro-break every 30 minutes of keyboarding?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Phone/Neck Posture	Avoiding tilting head/neck to cradle the phone?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

\*All answers should be "YES". Please use the "NOTES" section to address "NO" answers.

**RECOMMENDATIONS:** \_\_\_\_\_