



Office Ergonomics Evaluation Form

Employee: _____ Date: _____

Company/Supervisor: _____

Evaluator: _____

Discomfort at the end of the workday:

- Eyes
 Wrist/hand
 Forearms
 Shoulders/upper arms
 Neck
 Upper back
 Lower back
 OTHER: _____

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 with the employee sitting fully back in the chair?	<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 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	
Use of Keyboard and Mouse	Does the employee use the keyboard and mouse without planting or pivoting their wrists on desk or wrist support?	<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	Is the top of the screen at or slightly lower than eye level? If using bi-focal or progressive lenses, the monitor may need to be lower to maintain neutral neck position.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Distance	Can the monitor be easily viewed while sitting back supported by the chair? Monitor distance should be approximately arm's length away.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Placement	Single monitor: Is it positioned directly in front of user? Dual monitors: Are they centered or with the main monitor centered?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Glare	Is the 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
Desk Area	Is the underside of the desk free from clutter?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Frequently used Items	Are frequently used items within easy reach?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORK PRACTICES			NOTES
Micro-breaks	Does the employee take time to move or change positions at least every 30 minutes?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Phone/Neck Posture	Does the employee use the phone without cradling it between their head and shoulder?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

RECOMMENDATIONS: _____

Workstation Guidelines For Standing and Sitting

1. Find different comfortable positions and move through them during the day.
2. For optimal movement it is recommended to sit for 20 minutes, stand for 8 minutes and stretch for 2 minutes during the workday. (Dr. Alan Hedge, Cornell University)
3. Take time to learn how to adjust your chair to get a proper fit and assist with changing your position during the day.
4. To reduce stress in the back while standing, you may alternate foot placement using a foot rest if available.
5. If you feel discomfort in your legs or feet from extended standing, listen to your body, and sit down.
6. Give your eyes a break by looking away from the monitor. Look 20 feet away (across the room or out the window) every 20 minutes for 20 seconds.

What We're Looking For:

