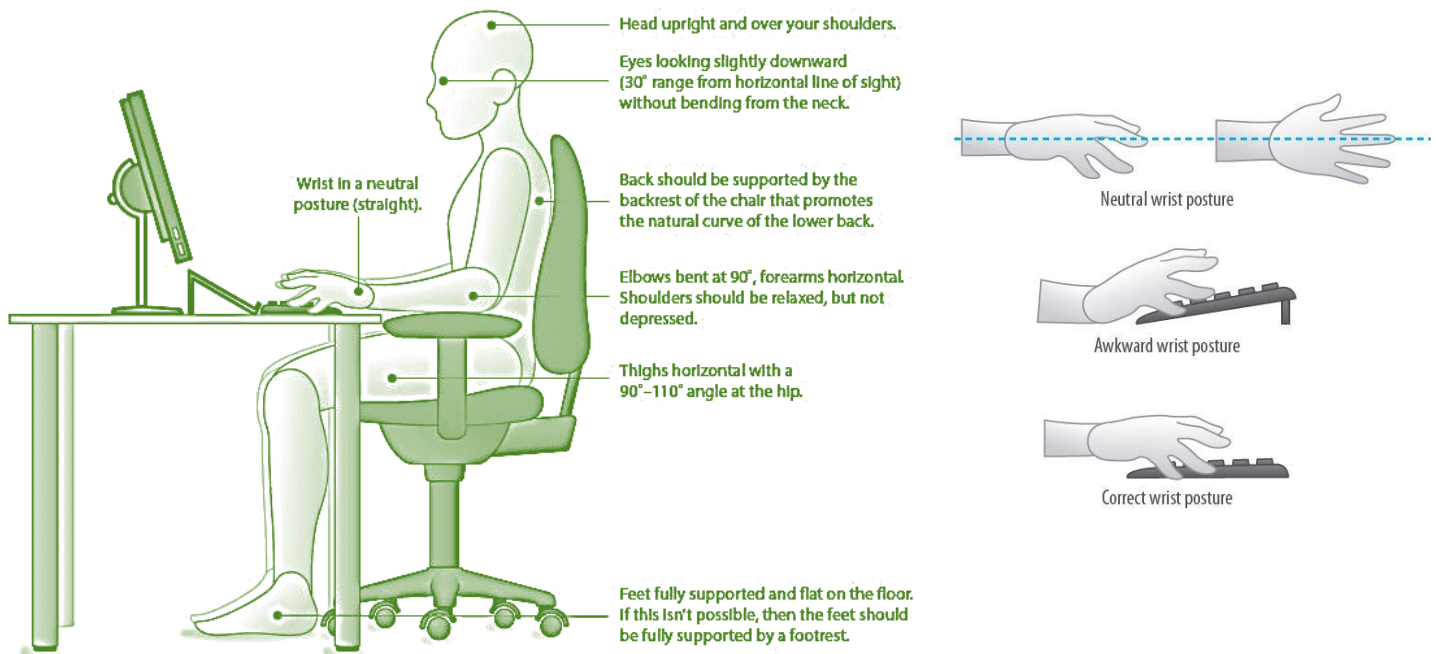


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Workstation Ergonomics Self-Assessment

This assessment should be performed with a supervisor, or delegated person, accompanying a user at the user's workstation. The user should be at the workstation while the 2nd person observes and assists them achieve the appropriate postures.

Item #	Office Chair	Yes	No	N/A	Suggested Actions
1	Can the height, seat and back of the chair be adjusted to achieve the posture outlined below?				<ul style="list-style-type: none"> Obtain a fully adjustable chair
2	Are your feet firmly supported by a footrest or the floor?				<ul style="list-style-type: none"> Lower the chair Use a footrest
3	Does the chair support your lower back? <i>The torso and head should be supported by the chair and your spine, not your muscles.</i>				<ul style="list-style-type: none"> Adjust chair Obtain fully adjustable chair Obtain lumbar roll
4	When your back is supported, you are able to sit without feeling pressure from the chair 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 work station? <i>Never support your body weight on the arms.</i>				<ul style="list-style-type: none"> Adjust armrests Remove armrests



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Item #	Keyboard & Mouse	Yes	No	N/A	Suggested Actions
6	Are your keyboard and mouse at your elbow height?				<ul style="list-style-type: none"> • Raise/lower workstation • Raise/lower keyboard • Raise/lower chair
7	Are frequently used items within reach?				<ul style="list-style-type: none"> • Rearrange workstation • Prioritize your tasks
8	Is the keyboard close to the front edge of the desk allowing space for the wrist to rest on the desk surface?				<ul style="list-style-type: none"> • Move keyboard to correct placement
9	When typing, are your wrists straight and your upper arms relaxed? <i>Keyboard should be flat, keyboard legs being propped up may lead to wrists in an awkward position.</i>				<ul style="list-style-type: none"> • Evaluate chair • Check posture • Adjust keyboard/mouse height
10	Is your mouse and keyboard at the same height and close to each other as possible?				<ul style="list-style-type: none"> • Reposition keyboard/mouse • Obtain larger keyboard tray if necessary
11	Is the mouse comfortable to use?				<ul style="list-style-type: none"> • Rest your dominant mouse hand when practical. You may even use your non-dominant hand for mouse use.

Item #	Work Surface	Yes	No	N/A	Suggested Actions
12	Is your monitor centered in front of you? <i>If you have multiple monitors, it is recommended to center the primary monitor.</i>				<ul style="list-style-type: none"> • Reposition monitor
13	Is your monitor positioned at least arm distance away from your body? <i>This may vary depending on user vision, screen size, screen resolution and font.</i>				<ul style="list-style-type: none"> • Reposition monitor • Seek alternative monitor if needed.
14	Is you monitor slightly below eye level?				<ul style="list-style-type: none"> • Adjust monitor height • Add or remove monitor stand
15	Is you monitor and work surface free from glare?				<ul style="list-style-type: none"> • Adjust overhead lighting • Cover windows by using blinds • Obtain antiglare screen
16	Do you have appropriate light to read and write on documents?				<ul style="list-style-type: none"> • Obtain desk lamp or lighting
17	Are frequently used items in the work area within close reach to the user?				<ul style="list-style-type: none"> • Rearrange workstation



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Item #	Breaks	Yes	No	N/A	Suggested Actions
18	Do you take postural breaks every 30 minutes? (i.e. standing, walking to the printer or water fountain, etc.)				<ul style="list-style-type: none"> Set break reminders
19	Do you take regular eye breaks from looking at your monitor?				<ul style="list-style-type: none"> Refocus every 20-30 minutes by looking at an image on a wall or by closing your eyes for 30 seconds

Item #	Accessories	Yes	No	N/A	Suggested Actions
20	Is there a document hold or sloped surface for reading documents if required? <i>Document holders should be positioned between your keyboard and screen or beside the screen.</i>				<ul style="list-style-type: none"> Obtain document holder
21	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 both keyboard and phone simultaneously.

Item #	Laptop Use	Yes	No	N/A	Suggested Actions
22	In the event of using a laptop computer for a prolonged period of time: <ul style="list-style-type: none"> Docking station A full sized external mouse and keyboard 				<ul style="list-style-type: none"> Obtain appropriate laptop accessories

When this checklist form has been completed, discuss any concerns or requirements with your supervisor. All completed assessments should be sent to your supervisor. If there are additional questions, requests, or concerns you can contact Environmental Health and Safety at ehs@humboldt.edu.

Person completing the assessment

Name		Position	
		Department	
Signature		Date	



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For EH&S Office Use Only

Employee Information			
Employee Name: _____		Dept. _____	
Position: _____		Phone/Email: _____	
Supervisor Name: _____		Phone/Email: _____	
Reason for Evaluation: New Hire Office Move Supervisor-Request Self-Request			
Avg. Daily Computer Use: Less than 2 hours 2-4 hours Greater than 4 hours			
Number of days/hours per week worked: _____			
Dominant Hand: Right Left			
Discomfort Reported			
Discomfort Reported: <input type="checkbox"/> Not Experiencing Discomfort <input type="checkbox"/> Has had discomfort <input type="checkbox"/> Currently in discomfort	Location of Discomfort: <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Legs <input type="checkbox"/> Eyes <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow/Arm <input type="checkbox"/> Wrist/Hand <input type="checkbox"/> Thumb	Seeing: <input type="checkbox"/> Physician <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Alternative Therapy <input type="checkbox"/> Chiropractor	Notes:
	Right or Left		

