

Computer Workstation Evaluation

Employee: _____ Phone _____ Date _____

Agency: _____ Supervisor _____

Job Title _____ Average Daily PC Use: < 2 hours 2-4 hours > 4 hours

Discomfort: Neck Back R/L Shoulder R/L Elbow/Forearm R/L Wrist/Hand Eyes
 None Other: _____

CHAIR	Yes	No	CHANGES MADE
Back support/Shoulders relaxed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back rest adjusted <input type="checkbox"/> Height adjusted
Seat Depth/width OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Depth adjusted <input type="checkbox"/> Back adjusted <input type="checkbox"/> Arms adjusted
Hips and knees at 90 degree angle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chair height adjusted <input type="checkbox"/> Foot rest positioned
Recommend: <input type="checkbox"/> Back Support <input type="checkbox"/> Consider chair replacement <input type="checkbox"/> Footrest			
<input type="checkbox"/> Other:			
Equipment Description:			
Comments:			
KEYBOARD/MOUSE	Yes	No	CHANGES MADE
Elbows at 90-100 degree angle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Keyboard raised <input type="checkbox"/> Keyboard lowered <input type="checkbox"/> Chair adjusted
Wrists straight and level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Keyboard tilt adjusted
Keyboard centered/within easy reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Keyboard repositioned
Mouse within easy reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mouse positioned within easy reach <input type="checkbox"/> Increased speed
Recommend: <input type="checkbox"/> Install Keyboard Tray <input type="checkbox"/> Install Corner Sleeve <input type="checkbox"/> Mouse pad w/wrist rest <input type="checkbox"/> Alt. mouse			
<input type="checkbox"/> Other:			
Equipment Description:			
Comments:			
MONITOR/DOCUMENTS	Yes	No	CHANGES MADE
Monitor centered in front of user?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Repositioned to center of user
Viewing distance 18-30 inches away?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Repositioned to appropriate distance
Top of screen slightly below eye level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Height lowered <input type="checkbox"/> Height raised
Screen free of glare, reflections, or flicker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tilt/position adjusted <input type="checkbox"/> Blinds/lights adjusted
Documents positioned for easy viewing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Repositioned to reduce bending/turning of neck
Recommend Monitor: <input type="checkbox"/> Center in front of worker <input type="checkbox"/> Elevate <input type="checkbox"/> Lower <input type="checkbox"/> Use glare guard <input type="checkbox"/> Monitor Stand			
<input type="checkbox"/> Doc holder: <input type="checkbox"/> Standard <input type="checkbox"/> Horizontal <input type="checkbox"/> Computer Monitor Mounted <input type="checkbox"/> Slant Board			
<input type="checkbox"/> Other:			
Equipment Description:			
Comments:			
TELEPHONE	Yes	No	CHANGES MADE
Phone use concurrent with computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Avoid cradling headset <input type="checkbox"/> Use head set
Phone within easy reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Phone positioned closer <input type="checkbox"/> Phone elevated/angled
Recommend: <input type="checkbox"/> Head Set <input type="checkbox"/> Position within closer reach <input type="checkbox"/> Tilt Stand <input type="checkbox"/> Contact Communications Dept			
<input type="checkbox"/> Other:			
Equipment Description:			
Comments:			

Computer Workstation Evaluation

WORKSTATION MEASUREMENTS	LOW	HIGH	
Chair Seat Pan Height (inches)			
Fixed Desk Height (inches)			
Adjustable Desk Height (inches)			
Comments:			
WORKSTATION	Yes	No	CHANGES MADE
Material positioned within close reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Files, notebooks, etc. repositioned
Leg clearance OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Boxes, equipment, etc. repositioned
Lighting OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Screen repositioned <input type="checkbox"/> Lights dimmed <input type="checkbox"/> Blinds adjusted
Recommend: <input type="checkbox"/> Reduce clutter under desk <input type="checkbox"/> Anti-Glare/Privacy Screen <input type="checkbox"/> Desk Task Lighting			
Other:			
Equipment Description:			
Comments:			

FURTHER RECOMMENDATIONS/COMMENTS:

Evaluator: _____ **Date:** _____

Send Completed Assessments to:

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