

INITIAL ERGONOMIC EVALUATION

Name	Date
Department	Job Title

CHAIR		
	Suitable?	
Seat Pan Height	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seat Pan Angle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seat Pan Depth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Back Rest Height	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arm Rests	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did employee demonstrate a good understanding of all chair adjustments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Recommendations/Comments:

DESK		
	Suitable?	
Height	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arrangement (Primary, Secondary, Work Space)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Recommendations/Comments:

MONITOR		
	Suitable?	
Distance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Height	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bifocals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Location	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Recommendations/Comments:

KEYBOARD		
	Suitable?	
Location	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Height	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Recommendations/Comments:

MOUSE		
	Suitable?	
Location	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Height	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Using Mouse Correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Recommendations/Comment:

TELEPHONE

	Suitable?	
Location	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Headset Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Recommendations/Comments:**SEATED POSTURE**

	Suitable?	
Hips /elbows/ knees 90°-110°	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ear aligned above shoulder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shoulders over hips?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Minimal Shoulder Flexion? (< 20°)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Feet flat on floor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Elbows at the side of body	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Recommendations/Comments:**WRISTS / HANDS**

	Suitable?	
Keyboard flat on desk (no keyboard flaps up)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neutral / aligned while on keyboard and mouse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proper wrist / hand alignment while mousing / keying	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Recommendations/Comments:**OTHER (wrist rests, foot rests, lighting, document holder, etc.)**

Completed By	Date
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