



ERGONOMIC WORKSTATION SELF-ASSESSMENT

Please complete and return to the Safety & Risk Management Department via e-mail at ehs@sbccd.edu along with the Ergonomic Assessment Request Form.

Employee Name: _____ Phone: _____
 Job Title: _____ Date: _____
 Department: _____ Evaluator: _____

CHAIR ADJUSTMENT		
Yes	No	
		Employee understands how to make the various chair adjustments
		Height of chair adjusted so that elbows are level with spacebar of keyboard
		Feet are comfortably flat on the floor and at 90°
		If feet are not flat on the floor, a footrest is being used
		Backrest of chair is adjusted so the lumbar region is supporting at the beltline
		If applicable, armrests support the body without leaning and slouching

KEYBOARD/MOUSE		
Yes	No	
		Wrists are neutral, straight and parallel to floor while keying
		Keyboard / tray flat or in slight negative tilt
		Keyboard is pulled close to the body so while working, elbows are by side
		Utilizes a wrist rest properly
		Mouse is on same level, and next to, the keyboard, within easy reach

MONITOR		
Yes	No	
		Top of monitor screen is at, or slightly below eye level (non-bifocal users)
		If bifocals are worn, monitor is flat on desktop so chin is down while viewing
		Monitor is set up directly in front of user
		Monitor is approximately an arm's distance away (18 to 28 inches)
		Screen is relatively free of glare or glare screen is used
		If located by a window, monitor is perpendicular to window

PHONE/DOCUMENT HOLDER/CLUTTER		
Yes	No	
		Employee uses both hands while engaged in telephone work or uses headset
		Source document maintained at same height and distance as screen
		Telephone, forms, reference books, etc. are within an easy reach
		Under side of the workstation is free of clutter and allows sufficient leg room

Comments / Suggestions/Improvements Made:
