COMPUTER WORKSTATION ASSESSMENT FORM

User Name:___________________________________ Phone: _________________________________
Department:____________________________ Location: ______________________________________
Supervisor Name ______________________________ Phone: _________________________________

How many hours per day are spent working on a computer: _____________________________________

Description of Job Tasks: ________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

A. Keyboard/Pointing Device: Does the height of the keyboard and pointing device allow the user’s forearms to be approximately parallel to the floor promoting a neutral/flat position of the wrists? Yes ____ No ____

Recommendations:
_____ A bi-level table easily adjustable for screen and keyboard height
_____ A lower or higher table swapped from within the department
_____ A height adjustable keyboard tray that can be attached to existing desk or table
_____ A chair that is height adjustable; may need to provide footrest
_____ Other, describe: _____________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

B. Screen height: Is the top of the display screen at eye level, lower for bi-focal wearers?
Yes ____ No ____

Recommendations:
_____ Raise monitor by putting it on top of hard disk drive, boxes or books
_____ Adjustable monitor arm
_____ Bi-level table adjustable for screen and keyboard height
_____ Lower monitor by removing it from hard disk drive or other platform
_____ Other, describe: _____________________________________________________________
_________________________________________________________________________________

C. Firm posture support: Does chair firmly support a comfortable upright posture, providing support to the lower back region and avoiding pressure on the back of the thighs? Yes _____ No _____

Recommendations:
_____ New chair adjustable for height and tilt of seatpan and backrest. Computer users should be able to adjust chairs from seated position without use of tools. Armrests, if provided, should be adjustable or removable.
_____ Another chair swapped from within the department.
_____ Lumbar support cushion if chair does not provide adequate lower back support
_____ Footrest if computer user’s feet do not rest firmly and comfortably on the floor
_____ Other, describe: _____________________________________________________________
_________________________________________________________________________________
D. Wrist support: Wrist rests may be helpful in promoting a neutral/flat (straight) position of the wrists while resting.

Recommendations:

_____ Padded, movable wrist rest, same height as front of keyboard or pointing device

_____ Other, describe: _______________________________________________________________________

E. Accessories: Workstation accessories may prevent awkward neck positions.

Recommendations:

_____ Document holder adjustable to screen height

_____ Telephone headset

_____ Other, describe: _______________________________________________________________________

F. Glare reduction: Elimination of glare helps to avoid eyestrain and awkward postures. Whenever possible, glare should be removed at the source.

_____ Use blinds or curtains over windows when necessary

_____ Reposition monitor to avoid direct light in user's eyes or screen

_____ Position monitor screen at right angle to window

_____ Turn off some lights; use task lighting, if needed

_____ Remove some fluorescent bulbs, if necessary

_____ Use glare screen

_____ Other, describe: _______________________________________________________________________

G. Other, describe: _______________________________________________________________________

_____________________________________________________________________________________

Summary of Recommendations: _______________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Target Date for Implementation: _______________________________________________________________________

Evaluator’s signature: ___________________________ Date: __________________________

Employees signature: ___________________________ Date: __________________________