

Workstation Self Assessment Desktop Computer

Chair

Do you know how to adjust your chair or desk? *Yes/No*
Does the back rest support your lower back? *Yes/No*
Is the seat height adjusted so that your elbows are the same height as the home keys? *Yes/No*
Are your thighs parallel to the floor? *Yes/No*
Do the chair arm rests restrict free movement of your arms? *Yes/No*

Monitor

Is your keyboard positioned directly in front of you? *Yes/No*

Is the top of the monitor at eye brow level? *Yes/No*

Can the monitor be located at a comfortable reading distance? *Yes/No*



Foot rest (if supplied)

Do your feet rest comfortably on the floor and are the thighs parallel to the floor? *Yes/No*

Does the foot rest support your feet? *Yes/No*

Is there adequate leg space under the desk? *Yes/No*

Document Holder

Do you require a document holder i.e. *Are you constantly looking down to source material?* *Yes/No*
Is the document holder positioned close to the monitor, or between the monitor and key board? *Yes/No*

Phone

Is the phone located on the non- dominant side of the computer? *Yes/No*

Do you use the phone for prolonged telephone calls? *Yes/No*



Mouse

Is the mouse positioned close to the right or left of the keyboard? *Yes/No*

Do you hold the mouse loosely? *Yes/No*

Is the mouse located at the same height as the keyboard? *Yes/No*

Is your screen free from reflections from windows or overhead lights? *Yes/No*
Do you change postures and take short rest pauses? *Yes/No*

Name: _____ (Print) Signature: _____ Date: _____

If you have answered No to any question, adjust your workstation set-up to the suggested layout.

Please discuss the assessment with your supervisor