

Workstation Self Assessment Laptop Computer

Is the Lap Top used continuously? *i.e. longer than 2 hours of continuous work?* *Yes/No*
If **Yes** the basic set up guidelines apply as for a conventional desk top.

Chair

Do you know how to adjust your chair, up, down and back rest or desk, if applicable? *Yes/No*
Is the back rest supporting your lower back? (Positioned into the curve of the lower spine) *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*
Are you able to move your shoulders/arms freely away from chair arms if chairs arms are present? *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*



Is a separate monitor used? *Yes/No*

Is a separate keyboard and mouse used? *Yes/No*

Foot rest

If supplied, does the foot rest support your feet so that your thighs are parallel to the floor? *Yes/No*

Document Holder

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 your non- dominant side of the computer? *Yes/No*
Is a head set available for prolonged telephone calls? *Yes/No*



Mouse

Is the mouse positioned immediately to the right or left of the keyboard? Not at a stretch position? *Yes/No*
Is the mouse located at the same height as the keyboard? *Yes/No*
Do you hold the mouse loosely? *Yes/No*

Is your screen free from reflections from windows or overhead lights? *Yes/No*
Do you change postures often 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**