

Office Ergonomic Assessment Form

(Complete one form for each task.)

Completed by _____

Date _____

Part 1: Description

Department	Job	Worker
Name and describe the task. _____ _____ _____ _____		Does the worker have discretion to reorganize the task? (Circle one.) Yes / No
		Longest uninterrupted time at task during typical day. _____ hours _____ minutes
		Average total time per day at this task. _____ hours _____ minutes
		Frequency of rest breaks. _____ break(s) every _____ hours

Part 2: Risk Factor Identification

Check the risk factors present in the task.

Part of Body	Awkward Positions	Static Positions	Repetition	Excessive Force	Excessive Reaches
Neck					
Back					
Arms					
Shoulders					
Wrists					
Lower Body					

Visual Issues
<input type="checkbox"/> Eye strain
<input type="checkbox"/> Soreness
<input type="checkbox"/> Dryness
<input type="checkbox"/> Blurred vision
<input type="checkbox"/> Glare
<input type="checkbox"/> Headaches

Part 3: Equipment Changes

Check the possible equipment issues associated with the above risk factors.

Equipment	Issue	Provide	Reposition or Adjust	OK
Work surface	Height?	___	___	___
	Equipment arrangement?	___	___	___
	Leg clearance?	___	___	___
Chair	Seat height?	___	___	___
	Lumbar support?	___	___	___
	Seat tilt?	___	___	___
	Arm rest position?	___	___	___
Foot rest	Feet supported?	___	___	___
Keyboard holder	Shoulders relaxed?	___	___	___
	Forearm & wrists neutral?	___	___	___
	Correct height & angle?	___	___	___
Wrist rest	Forearms & wrists neutral?	___	___	___
Mouse	Placed close to keyboard?	___	___	___
	Arm supported?	___	___	___
	Wrists supported?	___	___	___
	Mouse pad?	___	___	___

Equipment	Issue	Provide	Reposition or Adjust	OK
Monitor	Viewing distance?	___	___	___
	Height?	___	___	___
	Brightness/contrast control?	___	___	___
	Placement?	___	___	___
	Tilt?	___	___	___
	Clean screen?	___	___	___
Eye exam	Recent?	___	___	___
	Rx correct for monitor use?	___	___	___
	Bifocals?	___	___	___
Lighting	Overhead lighting?	___	___	___
	Task lights?	___	___	___
	Window coverings?	___	___	___
Copy holder	Same level as screen?	___	___	___
	Same distance as screen?	___	___	___
Phone	Placement (right/left)?	___	___	___
	Shoulder rest?	___	___	___
	Headset?	___	___	___