

## Checklist for Computer Workstation Evaluation

**Employee:** Please print this form, fill it out, and provide a copy to your supervisor.

Annual training is required for all employees whose primary task is to operate a computer for more than four consecutive hours on a daily basis by the Maine Department of Labor. This training is available on-line. More information may be obtained by visiting the SEM Computer Workstation Training website at <http://www2.umaine.edu/SEM/trainingid55.htm>.

**Supervisor:** Review the results of this evaluation and discuss with the employee any reasonable modifications necessary to ensure proper posture and minimize ergonomic hazards. Maintain a copy of this workstation evaluation and your results. If your employee needs further assistance, please send a copy of this completed form to the Safety & Environmental Management Office, York Village Bldg 7 Orono, Maine or fax to 581-4085.

“Yes” answers are desirable features/conditions. Any “No” answers should be discussed with your supervisor.			
<b>The following websites offer good setup tips and information to help you conduct this self-assessment:</b> <a href="https://www.osha.gov/SLTC/etools/computerworkstations/index.html">https://www.osha.gov/SLTC/etools/computerworkstations/index.html</a>  <a href="http://www.healthycomputing.com/office/setup/">http://www.healthycomputing.com/office/setup/</a>  <a href="http://www.healthycomputing.com/health/discomfort/">http://www.healthycomputing.com/health/discomfort/</a> (Offers suggestions based on specific discomfort)			
YES	NO	N/A	SEAT / POSTURE
		---	Is your chair easily adjustable?
		---	Is your chair correctly adjusted?
		---	Is the chair comfortable?
		*	Is the seat height adjustable?
		*	Is the seat depth adjustable?
		*	Can the lumbar support height be adjusted?
		*	Is the backrest angle adjustable?
		*	Can the seat pan angle be adjusted?
		*	Are arm rests available?
		*	If arm rests are present, are they adjustable?
		---	Does the chair have castors?
		---	Does the chair have five legs (if on castors)?
		---	When seated, can you rest your feet flat on a stable surface while typing?
		---	Are your shoulders relaxed and level while typing?

YES	NO	N/A	WRIST / KEYBOARD
		*	Is your keyboard support height adjustable?
		*	Is your keyboard support angle adjustable?
		---	Do you avoid resting your wrists on the table?
		---	Are your wrists maintained in a neutral posture?
		---	Elbow angle about 90 degrees (when typing / using the mouse)?
		---	Upper arms hang down at side (when typing)?
YES	NO	N/A	SCREEN & DOCUMENT PLACEMENT
		---	Is the viewing screen horizontal with your eyes?
			If the viewing screen is not horizontal with your eyes - is the screen adjustable?
		---	Is a document holder needed (if you type from documents)?
			Document holder at screen level?
			Documents placed at same distance from eyes as monitor?
			Does the document holder match the workload?
		---	Is your viewing screen about an arm's length away from you?
YES	NO	N/A	WORKER PARAMETERS
		---	Do you know how to adjust your furniture and computer accessories?
		---	Do you know the risk factors for ergonomic related disorders?
		---	Do you know where to report your signs and symptoms of Cumulative Trauma Disorders (CTD)?
			If you're feeling pain, has a work / alternate task schedule been established?
		---	Do you take regular vision breaks?
		---	Do you take regular stretch breaks?
YES	NO	N/A	LIGHTING / GLARE
			Is your screen placed so that you don't get glare from the windows?
			Are window treatments (blinds, curtains) provided and adequate?
		---	Do the overhead lights have diffusers (or desk lamps have lampshades) to reduce glare?
		---	Do work surfaces have an anti-glare matte finish to reduce glare?

YES	NO	N/A	MISCELLANEOUS
		---	Are you required to talk on the phone while using the computer?
			Is a headset used for those telephone conversations that require you to use a computer at the same time?
		---	Has reaching above shoulder level been minimized?
		---	Has reaching below waist level been minimized?
		---	Are you required to lean forward when reaching?
		---	Do you have adequate desk space?
		---	Has the need to grasp and hold objects been minimized?
		---	Do you minimize bent working postures?
		---	Do you have adequate leg / foot space?
		*N/A	Items marked with * are not necessary as long as you are able to achieve proper ergonomic postures and you are not feeling discomfort.
EMPLOYEE'S COMMENTS / CONCERNS			
<p>In completing this checklist, I reviewed my workstation and work habits to ensure that they are ergonomically sound. If I am unsure, have questions, or my workstation is not ergonomically sound, I will discuss this with my supervisor.</p> <p>Comments/Concerns:</p>			
Employee Name:		Employee Signature:	
Date of Self Assessment:		Date Completed Computer Workstation Training:	
Employee Phone:		Department:	
SUPERVISOR'S COMMENTS			
<p>Indicate any reasonable modifications necessary that you have taken (or will take) to address any concerns that the employee has to ensure proper posture and minimize ergonomics hazards.</p>			
Supervisor Name:		Supervisor Signature:	