

# WORKSTATION ERGONOMIC ASSESSMENT CHECKLIST

## EMPLOYEE INFORMATION

Employee: \_\_\_\_\_ Assessor: \_\_\_\_\_ Location: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Assessment:

*The Assessor will interview the employee regarding the following questions:*

1. How many hours a day are spent in the primary posture (i.e., at the computer)?
2. How many hours a day are spent in task-specific postures (i.e., answering the phone, carrying loads)?
3. What is the employee's dominant hand? Is the complaint related to the dominant hand or wrist/arm/shoulder?
4. Does the employee wear prescription eyeglasses when working? If so, are they bifocal/trifocal type?
5. Has the employee previously complained of a similar or related issue? If so, when, and what actions were taken?
6. Has the employee had an ergonomic assessment performed previously? If so, were the recommendations of that assessment implemented as stated?
7. Does the employee engage in outside activities that may have contributed to or aggravated the complaint? If so, what are they, and what frequency are they engaged in?
8. Has the employee previously been treated for an ergonomically-related condition, occupational or otherwise? If so, was it similar to the complaint, and/or resolved to the satisfaction of the employee and their care provider?
9. Does the employee have an ADA-compliant condition that needs to be addressed for their workstation? If so, what is it?
10. Does the employee generally engage in good ergonomic practices at their workstation (i.e., posture, stretching, rest breaks, etc.)?

*The Assessor will address the listed Key Issues and complete the questionnaire on the opposite side of this worksheet, and make appropriate recommendations below:*

Recommendations:

Rearrange workstation	<input type="checkbox"/>	-
Adjust/replace chair	<input type="checkbox"/>	-
Pads and/or rests	<input type="checkbox"/>	-
Orthopedic input devices	<input type="checkbox"/>	-
Adjust/improve lighting	<input type="checkbox"/>	-
Adjust posture, tasks	<input type="checkbox"/>	-
Break schedule/software	<input type="checkbox"/>	-
Stretching program	<input type="checkbox"/>	-
Employee education	<input type="checkbox"/>	-
Other (specify)	<input type="checkbox"/>	-

*A copy of this assessment has been provided to the employee, their Supervisor or Department head, and HR for reference.*

*A followup contact will be made by the Assessor to the employee and their supervisor within 30 days - DATE COMPLETED:*

*INITIALS:*

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