**Workstation Assessment Checklist**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Requestor Name: |       | Email: |       | Phone: |       |
| Workstation Location: |       | Date: |       |

**Please submit to** **ehs@fiu.edu** **or CSC 146. Title email as “workstation assessment”.**

|  |
| --- |
| 1. **WORKSTATION ADJUSTABILITY: ARE YOU ABLE TO…**
 |
|  | YES | NO |
| 1. Adjust knee and hip angles to achieve comfort and variability?
 | [ ]  | [ ]  |
| 1. Support heels and toes on the floor or on a footrest?
 | [ ]  | [ ]  |
| 1. Place arms comfortably at the side and hands parallel to the floor?
 | [ ]  | [ ]  |
| 1. Support your wrist, nearly straight?
 | [ ]  | [ ]  |
| 1. **DOES YOUR WORKSTATION…**
 |
|  | YES | NO |
| 1. Provide enough clearance for your feet, knees, and legs relative to the edge of the work surface?
 | [ ]  | [ ]  |
| 1. Provide sufficient space for your thighs between the work surface and the seat?
 | [ ]  | [ ]  |
| 1. Include arm rests for intensive or long duration keying jobs?
 | [ ]  | [ ]  |
| 1. Include headsets for use when frequent telephone work is combined with hand tasks, such as typing, using a calculator, or writing?
 | [ ]  | [ ]  |
| 1. **DOES YOUR CHAIR…**
 |
|  | YES | NO |
| 1. Adjust easily from the seated position?
 | [ ]  | [ ]  |
| 1. Have a seat that is approximately 18 inches wide?
 | [ ]  | [ ]  |
| 1. Have different seat pan lengths (15 to 37 inches) with a waterfall design?
 | [ ]  | [ ]  |
| 1. Have a back rest that provides lumbar support that can be used while working?
 | [ ]  | [ ]  |
| 1. Have a stable base, with casters that are suited to the type of flooring?
 | [ ]  | [ ]  |
| 1. Allow the seat pan to adjust for height (at least 4 ½ inches) and angle (+/- 5 degrees)?
 | [ ]  | [ ]  |
| 1. **IS THE KEYBOARD…**
 |
|  | YES | NO |
| 1. Height from the floor and the slope of the keyboard surface adjustable?
 | [ ]  | [ ]  |
| 1. Prevented from slipping when in use?
 | [ ]  | [ ]  |
| 1. Detachable?
 | [ ]  | [ ]  |
| 1. **ARE OTHER INPUTS/DEVICES (mouse, pointing device, calculator)…**
 |
|  | YES | NO |
| 1. At keyboard height?
 | [ ]  | [ ]  |
| 1. **IS THE DISPLAY SCREEN…**
 |
|  | YES | NO |
| 1. Clean and free from flickering?
 | [ ]  | [ ]  |
| 1. Able to swivel horizontally and tilt or elevate vertically?
 | [ ]  | [ ]  |
| 1. **IS THE MONITOR SITUATED SO THAT…**
 |
|  | YES | NO |
| 1. The work can be performed with the head in a neutral posture for most of the work shift?
 | [ ]  | [ ]  |
| 1. It is between 18 and 30 inches away from your normal seated position?
 | [ ]  | [ ]  |
| 1. The top line of text is at or slightly below eye height?
 | [ ]  | [ ]  |
| 1. The monitor has brightness and contrast controls?
 | [ ]  | [ ]  |
| 1. There is sufficient lighting without glare?
 | [ ]  | [ ]  |
| 1. **IS YOUR WORK DAY ORGANIZED SO THAT…**
 |
|  | YES | NO |
| 1. You can perform different job tasks to relieve intensive keying?
 | [ ]  | [ ]  |
| 1. You may leave the workstation for at least 10 minutes after each hour of intensive keying and for at least 15 minutes after every 2 hours of intermittent keying?
 | [ ]  | [ ]  |
| 1. **TRAINING…**
 |
|  | YES  | NO |
| 1. Have you received training in ergonomics and learned how to make adjustments to your workstations, chair, and other accessories?
 | [ ]  | [ ]  |