**Workstation Assessment Checklist**

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

**Please submit to** [**ehs@fiu.edu**](mailto: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? |  |  |