



COMPUTER WORKSTATION SELF-INSPECTION CHECKLIST

Your Name: _____ Date: _____
 Supervisor: _____ Phone#: _____
 Department: _____ W#: _____
 Location (Bldg.): _____ Room: _____

Perform a self-inspection of your workstation. If possible, make appropriate adjustments to your workstation, for each "No" answer as you perform the inspection. If additional assistance is needed, please check the EHS follow-up requested column.

	FINDING (circle one)			EHS follow-up requested?
Chair				
1. Is the chair adjusted so that your hips are slightly higher than your knees with your feet touching the floor?	Yes	No	NA	_____
2. Is the seat depth such that there is a fist distance in between the front of the seat and the back of the knee?	Yes	No	NA	_____
3. Does the back rest feel comfortable and is the lumbar spine curve support of the backrest supporting your lower back?	Yes	No	NA	_____
4. With your arms straight at your side and forearms parallel to the floor, with shoulders relaxed, can the armrests be adjusted to support this position?	Yes	No	NA	_____
Monitor				
1. Is the monitor directly in front of you when in use?	Yes	No	NA	_____
2. Is the top of the monitor below eye level?	Yes	No	NA	_____
3. Is the monitor located between 28 – 36" away from your face?	Yes	No	NA	_____
Keyboard				
1. Is the keyboard tray adjustable anywhere from flat to a negative tilt?	Yes	No	NA	_____
2. Are your wrists straight (in a neutral position) while typing?	Yes	No	NA	_____
3. Is the keyboard positioned directly in front of you?	Yes	No	NA	_____
4. Is the keyboard positioned so that your upper arms are straight at the side and your forearms are slightly below horizontal?	Yes	No	NA	_____
5. Is your mouse positioned in easy reach, approximately over the number pad on the keyboard?	Yes	No	NA	_____
Worksurface				
1. Is the worksurface for writing at a height so that the forearms are parallel or slightly raised?	Yes	No	NA	_____
2. Are tools (phone, Dictaphone, etc.) within easy reach?	Yes	No	NA	_____
3. Does the leg room area allow you to have your feet flat on the floor yet be able to move your legs freely under the desk?	Yes	No	NA	_____
4. Is the lighting at your worksurface adequate?	Yes	No	NA	_____
Telephone				
1. If you are a frequent phone user do you have a headset or speaker phone?	Yes	No	NA	_____
2. Is your phone located on the opposite side of the work area from your writing hand?	Yes	No	NA	_____
Breaks				
Do you take 10 –15 second breaks at least every 20 minutes?	Yes	No		_____