a place of mind

THE UNIVERSITY OF BRITISH COLUMBIA

Office Ergonomics Assessment Form

Worker Name: _____   Supervisor Name: _____

Worker Contact: _____   Supervisor Contact: _____

Worker Department: _____   Worker Location: _____

Length of time in job title: _____   Length of time at workstation: _____

Job tasks at work station (Computer, Keyboard, Mouse, Phone, Hardcopy, Lifting, Filing, Other):

_____
_____
_____

Musculoskeletal Injury or Concerns (Body Part, Symptoms, Intensity 0-10, Frequency during day/week, Other):

_____
_____
_____

Select Yes or No for each Item; If No, check off recommendations to be implemented in box to the right.
Legend at Bottom

A) Yes   No   Chair Height – Are knees at ~90 ^{o}?

Raise or lower chair height to allow 90° at knee	√ X
Source chair that can be raised and lowered	√ X Supervisor

Other/Incomplete Reason; _____

Yes   No   Chair Height – Are feet firmly supported?

Lower chair height so feet are supported (maintain 90° at knee)	√ X
Obtain footrest to allow foot support (maintain 90° at knee)	√ X Supervisor
Lower table and chair to allow foot support	√ X Supervisor

Other/Incomplete Reason; _____

Yes   No   Chair Height - Is there sufficient space under the work area for leg room (~24")?

Clear items from under desk area	√ X Supervisor

Other/Incomplete Reason; _____

B) Yes   No   Backrest – Is lumbar support in the small of the back?

Raise or lower backrest/lumbar support to place in small of back	√ X
Source external backrest for additional support in small of back	√ X Supervisor
Source chair with adjustable lumbar support	√ X Supervisor

Other/Incomplete Reason; _____

Yes   No   Backrest – Is backrest between 90-100°?

Adjust Backrest to angle between 90-100°	√ X
Source chair with movable backrest	√ X Supervisor

Other/Incomplete Reason; _____

C) Yes   No   Armrests – Do armrests allow forearms to be parallel to floor ?

Raise or lower armrests to allow parallel arms	√ X
Rotate or move armrests narrower or wider to support arms	√ X
Swap armrests to ones of ideal height	√ X Supervisor
Remove armrests to alleviate irritation	√ X Supervisor

Other/Incomplete Reason; _____

Completed = √

Incomplete = X

Supervisor to approve

D) Yes No Seat Pan – Is there approximately 2 inches of space between the edge of the seat pan and the back of the lower leg?

Adjust seat pan to achieve ~2 inches of space	√	X	
Source external backrest to move body forward by ~2 inches	√	X	Supervisor
Source chair with adjustable seat pan	√	X	Supervisor

Other/Incomplete Reason;_____

E) Yes No Monitor – Is the top line of text in line with eye level (slightly lower for those with bifocals)?

Adjust screen up or down to put text at eye level	√	X	
Add slight tilt away from worker if monitor cannot go higher	√	X	
Add slight tilt toward worker if monitor cannot go lower	√	X	

Other/ Incomplete Reason; _____

Yes No Monitor – Is the monitor approximately an arm's length away (16"-30")?

Move monitor back or forward to correct position	√	X

Other/ Incomplete Reason; _____

Yes No Monitor – If dual screens used, which is used more?

Center both screens if used equally	√	X	
Centered primary screen and move secondary to right (left)	√	X	
Changed to single larger monitor	√	X	Supervisor

Other/ Incomplete Reason; _____

F) Yes No Keyboard and Mouse – Are keyboard/mouse at same height slightly below elbow level

Raise chair height (footrest if necessary)	√	X	Supervisor
Raise keyboard/desk to allow 90° at elbows	√	X	Supervisor
Source keyboard tray (ensure fits mouse and keyboard)	√	X	Supervisor
Keep mouse and keyboard on same level surface	√	X	

Other/ Incomplete Reason; _____

Yes No Keyboard and Mouse – Is mouse used with arm rotated and/or abducted?

Use mouse on left so it is not as far from keyboard	√	X	
Source compact keyboard (no number pad)	√	X	Supervisor
Alternative mouse options (such as roller mouse)	√	X	Supervisor

Other/ Incomplete Reason; _____

G) Other items

Propped binder or document holders for data entry	√	X	Supervisor
Headset or speakerphone for telephone conversations	√	X	Supervisor
Screen moved perpendicular to windows to reduce glare	√	X	Supervisor
Remove lighting or blinds drawn to reduce glare	√	X	Supervisor

Other; _____
_____
_____
_____

Target date for implementation: _____ Follow up date: _____

Assessed Employee ID _____ Current date: _____

Evaluator Name: _____ Evaluator Signature: _____

Completed = √

Incomplete = X

Supervisor to approve