

Computer Workstation Checklist

Date ____/____/____

Company/Plant _____

Dept _____

Job Name _____

Workstation Name/# _____

Evaluator _____

“No” responses indicate potential problem areas that should receive further investigation.

1. Does the workstation ensure proper worker postures, such as:	
- horizontal thighs (when seated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
- vertical lower legs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- feet flat on floor or footrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- straight wrists?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the chair ...	
- ... adjust easily?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
- ... have a padded seat with a rounded front?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
- ... have an adjustable backrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
- ... have adjustable arm rests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
- ... provide lumbar support?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
- ... have casters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Is the height of the keyboard surface adjustable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the tilt of the keyboard surface adjustable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the keyboard detachable from the screen? (e.g., notebook computer)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is an adjustable document holder used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is screen glare avoided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the monitor have brightness and contrast controls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do workers judge the viewing distance between eyes and screen to be satisfactory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is there sufficient space for knees and feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Can the workstation be used for either right- or left-handed activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do workers take adequate rest breaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is job rotation available for workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Can the task(s) be done at the workers' own pace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are workers trained in the following:	
- proper postures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- proper work methods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- recognizing signs and symptoms of potential WMSD problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- when and how to adjust their workstations to avoid musculoskeletal discomfort?	<input type="checkbox"/> Yes <input type="checkbox"/> No