

Date: _____

This form is to be used to help identify how you use your computer and what you can do to improve your computer setup. If you have any questions or need additional assistance, please contact the Occupational Safety Coordinator in Environmental Health and Safety at 678-2740.

First Name: _____ Last Name: _____ UID: _____

Job Title: _____ Department: _____ Phone: _____

What type of computer work do you do?

Spreadsheets	Graphic	Word Processing	Email and correspondence
Programming	CAD	Data Entry	Surfing the internet

How many hours a day do you work on the computer?

Less than 3	3-5 hours	More than 5 hours
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How long have you worked at your current job title/position?

0-1 year	1-2 years	2-5 years	More than 5 years
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If LESS than 5 years, what positions have you held previously?

Do you feel any discomfort in any of the following areas?

Back of neck	Shoulders	Lower back	Elbows
Forearms	Wrists	Fingers	Eyes
Thighs	Knees	Lower legs	Ankles/Feet

Take a few minutes to look at your workstation, then answer the questions on page two. By answering a few questions, you can self-assess your workstation and help to improve your working posture. If you indicate any adjustments or concerns that cannot be self-corrected, or if you would like to request an evaluation by the Occupational Safety Coordinator, please return this form to Environmental Health and Safety in 216 Browning Hall.

Date: _____

Chair

- | | | |
|---|-----|----|
| 1. Chair is in good condition. | Yes | No |
| 2. Chair height is adjustable. | Yes | No |
| 3. While seated, feet rest comfortably on the floor. | Yes | No |
| 4. Front of seat pan is 2-3 finger widths from the back of knees. | Yes | No |
| 5. Back is supported. | Yes | No |
| 6. Chair arms provide support and are adequately adjustable. | Yes | No |

Computer Equipment

- | | | |
|--|-----|----|
| 7. Monitor is directly in front of the user. If two monitors are used, they are set close together, meeting at the center front. | Yes | No |
| 8. Top one-third of monitor is at or below eye level. | Yes | No |
| 9. Desk height allows forearms to be flat or slightly downward while keying. | Yes | No |
| 10. Keyboard is directly in front of the user. | Yes | No |
| 11. Keyboard platform is adjustable and wide enough for both the mouse and keyboard. | Yes | No |
| 12. Mouse or trackball is comfortable to use. | Yes | No |
| 13. Keyboard and mouse are next to each other on the same level. | Yes | No |

Workspace

- | | | |
|---|-----|----|
| 14. Frequently used materials are within arm's reach. | Yes | No |
| 15. Under desk is free from knee hazards. | Yes | No |
| 16. Overhead lighting is sufficient. | Yes | No |
| 17. Document holder is next to or in front of monitor. | Yes | No |
| 18. Phone is located on non-dominant side, close to the user. | Yes | No |

Work Practice

- | | | |
|--|-----|----|
| 19. Task rotation is used as necessary. | Yes | No |
| 20. Vision breaks/eye exercises used as necessary. | Yes | No |
| 21. Stretch breaks used to reduce muscle fatigue as necessary. | Yes | No |

Posture

- | | | |
|--|-----|----|
| 22. Feet flat on the floor. | Yes | No |
| 23. Head looking straight forward. | Yes | No |
| 24. Neutral (straight) wrists when keying and mousing. | Yes | No |
| 25. Comfortable shoulder posture. | Yes | No |
| 26. Elbows at 90-100 degree angle when keying. | Yes | No |

Please check this box if you would like to be contacted by the Occupational Safety Coordinator and deliver this form to 216 Browning Hall.

Signature

Date