**Ergonomic QuickCheck**

*The following is an ergonomic quick-check reference guide for new and existing employees. For additional assistance please contact your designated Human Resource administrator. (Consider using a* [*Google Forms*](https://docs.google.com/forms/u/0/) *for this checklist)
Google Form Example:* [*https://forms.gle/73ZH2vA9gc82Cse28*](https://forms.gle/73ZH2vA9gc82Cse28)

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Review** | **Yes** | **No** | **Comments** |
| **Posture** |
| Are your elbows bent at a 90-degree angle when you use the keyboard or pointer? |[ ] [ ]   |
| Were any pinch-points observed? (if yes – please explain): |[ ] [ ]   |
| **Keyboard / Pointing Device** |
| Is the keyboard height and slope adjusted to promote a flat wrist and 90-degree elbow angle? |[ ] [ ]   |
| Is the mouse/pointing device within close reach and at the same level as your keyboard? |[ ] [ ]   |
| **Ergonomic Chair** |
| Is your chair equipped with adjustable seatpan and backrest options? |[ ] [ ]   |
| Have you been trained on the adjustable options of your ergonomic chair? |[ ] [ ]   |
| Is the height of your chair adjusted so that your feet are positioned flat on the floor or on a footrest? |[ ] [ ]   |
| Is your lower back supported by the back of your chair?  |[ ] [ ]   |
| Is the chair backrest height adjusted to provide maximum support for your back? |[ ] [ ]   |
| **Computer Screen** |
| Is your computer screen at a proper tilt and height to allow you to view it without raising or lowering your chin? |[ ] [ ]   |
| Are you sitting directly in front of your computer screen or if you primarily focus on source documents, is a source document holder directly in front of you?  |[ ] [ ]   |
| **Work Techniques** |
| Are fingers and wrists in neutral or straight alignment when typing (not turning side to side or going up or down)? |[ ] [ ]   |
| Are you avoiding awkward postures such as an extended finger or thumb when keying or using the pointer? |[ ] [ ]   |
| Do you have a headset? |[ ] [ ]   |
| Do you avoid cradling the telephone between your head and shoulder when talking or listening to others? |[ ] [ ]   |
| Do you know how to adjust your chair, keyboard tray and other workstation accessories? |[ ] [ ]   |
| **Lighting** |
| Is there sufficient lighting without glare on the screen from windows, lights, and surfaces? |[ ] [ ]   |
| **Are there any areas of concern?** |
| **Is there any additional assistance we can provide?**  |

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*Employee Name Date Submitted Supervisor Name Date Received*

**Recommended Ergonomic Positions**

*The following is a recommended ergonomic position guide.*

 *For additional assistance please contact your designated Human Resource administrator.*

