



Ergonomic Evaluation

of an administrative workstation with a computer

The purpose of the Ergonomic Evaluation Form is to confirm that standard features of a computer workstation are evaluated to reduce the risk of injury and/or alleviate physical discomfort. This form describes adjustments made during the evaluation and identifies recommendations for alternative equipment or workstation modification to meet Ergonomic Policy and Workstation Standards compliance. Recommendations are the responsibility of the Department and are to be provided in a prompt manner to ensure employee health and safety.

Employee Name	Date	Phone #
Supervisor	Address	Department/Division
Evaluator Completing Form	Ergonomic Coordinator	Facilities Coordinator

Check (✓) "Yes" for satisfactory, "C" for corrected or "R" for recommendation. Add comments.

1.0	Workstation Layout	Yes	C/R	Comments
1.1	Frequently used items are within near reach?			
1.2	Legroom clear of wiring, boxes, supplies or equipment?			
1.3	No stressful reach to equipment or materials (CPU, power strips, binders, folders, etc)?			
1.4	Use two hands when picking up heavy files and purging large files/binders into smaller sizes?			
1.5	Adequate lighting for tasks?			

2.0	Chair Adjustment	Yes	C/R	Comments
2.1	Are feet on the floor with hips at back of chair?			
2.2	Is the back properly supported and the employee comfortable?			
2.3	Armrest height allows unobstructed elbow movement?			
2.4	Does the chair move easily and function properly?			
2.5	Is a footrest required to support feet or work surface heights?			
2.6	Is an optional chair mat used and, if so, is it in good condition?			

3.0	Input Devices	Yes	C/R	Comments
<i>Is the keyboard positioned so that:</i>				
3.1	Shoulders are relaxed?			
3.2	Elbows are in an “open angle” (i.e. 90° – 110°) at your sides?			
3.3	Forearms are horizontal and wrist angle is neutral?			
<i>Is the mouse positioned so that:</i>				
3.4	It is at the same height as the keyboard?			
3.5	Excessive reaching or gripping is avoided?			
3.6	Shoulders are relaxed?			
3.7	Elbows are in a “open angle” (i.e. 90° – 110°) at your sides?			
3.8	Wrist angle is neutral?			

4.0	Monitor Position	Yes	C/R	Comments
4.1	Is the top of the screen(s) slightly below eye level?			
4.2	Is glare from lights and windows controlled? <i>LCD screens are matte and do not typically require anti-glare screens.</i>			
4.3	Is the focal length appropriate so that the monitor is viewed while maintaining good posture?			
4.4	Do you use bi-focal lenses? <i>Single-vision computer glasses are available through Risk Management.</i>			

5.0	Accessories & Peripherals	Yes	C/R	Comments
5.1	Is an in-line document holder used for inputting from paper forms and documents?			
5.2	Is a telephone headset used? <i>A headset is required for concurrent telephone and computer use.</i>			

6.0	Employee Comment/Comfort	Yes	C/R	Comments
6.1	Do you take task breaks?			
6.2	Do you take work breaks?			
6.3	Do you use RSI Guard software?			

If you believe you may have a condition that qualifies for reasonable accommodation pursuant to the Americans with Disabilities Act (ADA) and/or the California Fair Employment and Housing Act (FEHA), contact the County ADA Manager at 363-4738 for further information.