VDT WORKSTATIONS
ERGONOMIC ASSESSMENT FORM

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NAME ____________________________
DEPT ____________________________
POSITION _________________________
DATE ____________________________

TASK ANALYSIS

ACHES AND PAINS

LONGEST PERIOD UNINTERRUPTED TIME AT
PRIMARY TASK DURING DAY: ______ HR ______ MIN

AVERAGE TIME AT PRIMARY TASK: ______ HR ______ MIN

REST BREAKS:
Coffee breaks and lunch (time) at or away from the office

OUTSIDE (Repetitive) WORK ACTIVITIES: ____________________________

Key to Assessment Form
☑ OK – no identified problem
☒ Possible problem – see comment section
☐ If the box is left blank, the item was not applicable or not evaluated

I. ANATOMICAL

☐ HEAD UPRIGHT
☐ SHOULDER'S RELAXED
☐ ELBOWS BENT AT 90°
☐ LINE OF VISION EVEN WITH TOP OF MONITOR
☐ EARS, SHOULDERS AND HIPS LINE UP VERTICALLY
☐ FOREARMS, WRIST AND HAND NEUTRAL
☐ KNEES BENT AT 90° – 120°
☐ FEET SUPPORTED
☐ LOWER BACK (LUMBAR AREA) SUPPORTED
☐ OTHER ____________________________

COMMENTS: __________________________________________________________
________________________________________________________________________

II. WORKSTATION

☐ WORK SURFACE
☐ PROVIDE FOOTREST
☐ RAISE ☐ LOWER ☐ TILT
☐ REARRANGE EQUIPMENT
☐ MONITOR ☐ MOUSE ☐ KEYBOARD
☐ CPU ☐ PRINTER ☐ TELEPHONE

☐ REQUIRES ADDITIONAL LEG, THIGH, OR KNEE CLEARANCE
☐ OTHER ____________________________

COMMENTS: __________________________________________________________
________________________________________________________________________

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III. CHAIR

☐ ADJUST HEIGHT
☐ ARM RESTS
☐ RAISE ☐ LOWER
☐ PROVIDE LUMBAR SUPPORT
☐ PROVIDE ☐ RAISE ☐ LOWER
☐ ADJUST SEAT TILT
☐ OTHER ____________________________

COMMENTS: ________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

IV. KEYBOARD AND KEYBOARD HOLDER

☐ PROVIDE ERGONOMIC KEYBOARD
☐ PROVIDE FOREARM SUPPORT
☐ PROVIDE KEYBOARD TRAY
☐ PROVIDE WRIST REST
☐ ADJUST KEYBOARD/KEYBOARD TRAY
☐ OTHER ____________________________
☐ RAISE ☐ LOWER ☐ TILT ______________________________________ KEYBOARD HEIGHT

COMMENTS: ________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

V. MOUSE

☐ PROVIDE MOUSE PAD
☐ PROVIDE FOREARM SUPPORT
☐ PROVIDE MOUSE HOLDER OR BRIDGE
☐ PROVIDE WRIST REST
☐ PLACE MOUSE CLOSER TO KEYBOARD
☐ OTHER ____________________________
☐ PLACE MOUSE AT KEYBOARD LEVEL __________________________________________
HEIGHT OF MOUSE REST/MOUSE PAD

COMMENTS: ________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

VI. MONITOR

☐ ADJUST MONITOR
☐ CLEAN SCREEN
☐ RAISE ☐ LOWER ☐ TILT
☐ PROVIDE GLARE SCREEN OR GLARE HOOD
☐ TOP OF MONITOR SCREEN – HEIGHT ____________________________
☐ MOVE MONITOR TO _____ (LOCATION)
☐ SEATED EYE HEIGHT ____________________________
☐ OTHER ____________________________
☐ VIEWING DISTANCE – _____ INCHES
☐ ADJUST BRIGHTNESS/CONTRAST

COMMENTS: ________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
V. WORK ENVIRONMENT

☐ LIGHTING
☐ PROVIDE TASK LIGHTING
☐ PROVIDE OVERHEAD LIGHTING
☐ PROVIDE WINDOW COVERS
☐ COPYHOLDER
☐ SAME DISTANCE AS SCREEN
☐ SAME HEIGHT AS SCREEN
☐ TELEPHONE
☐ REPOSITION TELEPHONE
☐ LEFT
☐ RIGHT
☐ PROVIDE SHOULDER REST
☐ PROVIDE HEADSET or SPEAKERPHONE
☐ OTHER __________________________

COMMENTS: ____________________________________________________________

__________________________________________________________

VIII. WORK PROCESS

FOR INDICATED ACTIVITIES, DESCRIBE PROCESS MODIFICATIONS.

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ASSESSMENT COMPLETED BY _______________________________ DATE __________
EMPLOYEE SIGNATURE _______________________________ DATE __________
SUPERVISOR SIGNATURE _______________________________ DATE __________