



VDT WORKSTATIONS

ERGONOMIC ASSESSMENT FORM

NAME \_\_\_\_\_
DEPT \_\_\_\_\_
POSITION \_\_\_\_\_
DATE \_\_\_\_\_

TASK ANALYSIS
ACHES AND PAINS

LONGEST PERIOD UNINTERRUPTED TIME AT PRIMARY TASK DURING DAY:
AVERAGE TIME AT PRIMARY TASK:
REST BREAKS:
OUTSIDE (Repetitive) WORK ACTIVITIES:

Key to Assessment Form [check] OK - no identified problem [x] Possible problem - see comment section [ ] If the box is left blank, the item was not applicable or not evaluated

I. ANATOMICAL

- HEAD UPRIGHT, SHOULDERS 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

- WORKSURFACE, RAISE, LOWER, TILT, HEIGHT, SEATED ELBOW HEIGHT, REQUIRES ADDITIONAL LEG, THIGH, OR KNEE CLEARANCE, PROVIDE FOOTREST, REARRANGE EQUIPMENT, MONITOR, MOUSE, KEYBOARD, CPU, PRINTER, TELEPHONE, OTHER

COMMENTS:



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III. CHAIR

- ADJUST HEIGHT
- RAISE     LOWER
- PROVIDE LUMBAR SUPPORT
- ADJUST SEAT TILT

- ARM RESTS
- PROVIDE     RAISE     LOWER
- OTHER \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IV. KEYBOARD AND KEYBOARD HOLDER

- PROVIDE ERGONOMIC KEYBOARD
- PROVIDE KEYBOARD TRAY
- ADJUST KEYBOARD/KEYBOARD TRAY
- RAISE     LOWER     TILT
- \_\_\_\_\_ KEYBOARD HEIGHT

- PROVIDE FOREARM SUPPORT
- PROVIDE WRIST REST
- OTHER \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

V. MOUSE

- PROVIDE MOUSE PAD
- PROVIDE MOUSE HOLDER OR BRIDGE
- PLACE MOUSE CLOSER TO KEYBOARD
- PLACE MOUSE AT KEYBOARD LEVEL
- \_\_\_\_\_ HEIGHT OF MOUSE REST/MOUSE PAD

- PROVIDE FOREARM SUPPORT
- PROVIDE WRIST REST
- OTHER \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VI. MONITOR

- ADJUST MONITOR
- RAISE     LOWER     TILT
- \_\_\_\_\_ TOP OF MONITOR SCREEN - HEIGHT
- \_\_\_\_\_ SEATED EYE HEIGHT
- VIEWING DISTANCE - \_\_\_\_\_ INCHES
- ADJUST BRIGHTNESS/CONTRAST

- CLEAN SCREEN
- PROVIDE GLARE SCREEN OR GLARE HOOD
- MOVE MONITOR TO \_\_\_\_\_ (LOCATION)
- OTHER \_\_\_\_\_
- \_\_\_\_\_



COMMENTS:

Three horizontal lines for handwritten comments.

VII. 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:

Three horizontal lines for handwritten comments.

VIII. WORK PROCESS

FOR INDICATED ACTIVITIES, DESCRIBE PROCESS MODIFICATIONS.

ACTIVITY	PROCESS MODIFICATION
<input type="checkbox"/> WORK LOAD	
<input type="checkbox"/> WORK METHOD	
<input type="checkbox"/> WORK FLOW	
<input type="checkbox"/> TASK VARIATION	
<input type="checkbox"/> EXERCISE/STRETCHES	
<input type="checkbox"/> MINI-BREAKS	
<input type="checkbox"/> WORKSTATION TRAINING	

ASSESSMENT COMPLETED BY \_\_\_\_\_ DATE \_\_\_\_\_  
 EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_