### VDT Workstations
#### Ergonomic Assessment Form

<table>
<thead>
<tr>
<th>Task Analysis</th>
<th>Name</th>
<th>Dept</th>
<th>Position</th>
<th>Date</th>
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</thead>
</table>

**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
- 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
- PROVIDE FOOTREST
- REARRANGE EQUIPMENT
- MONITOR
- MOUSE
- KEYBOARD
- CPU
- PRINTER
- TELEPHONE
- REQUIRES ADDITIONAL LEG, THIGH, OR KNEE CLEARANCE
- OTHER

**Comments:**

- 
- 
- 

III. CHAIR

- ADJUST HEIGHT
- ARM RESTS
- RAISE
- LOWER
- PROVIDE LUMBAR SUPPORT
- PROVIDE RAISE
- LOWER
- OTHER ______________________
- PROVIDE LUMBAR SUPPORT
- ADJUST SEAT TILT

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: ____________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________

VIII. WORK PROCESS

FOR INDICATED ACTIVITIES, DESCRIBE PROCESS MODIFICATIONS.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>PROCESS MODIFICATION</th>
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<td>☐ WORK LOAD</td>
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<td>☐ WORK METHOD</td>
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<td>☐ WORK FLOW</td>
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<td>☐ TASK VARIATION</td>
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<td>☐ EXERCISE/STRETCHES</td>
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<td>☐ MINI-BREAKS</td>
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<tr>
<td>☐ WORKSTATION TRAINING</td>
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</table>

ASSESSMENT COMPLETED BY ___________________________________________ DATE ____________
EMPLOYEE ___________________________________________ DATE ____________
SIGNATURE ___________________________________________ DATE ____________
SUPERVISOR ___________________________________________ DATE ____________
SIGNATURE ___________________________________________ DATE ____________