Kennesaw State University

Department of Environmental Health and Safety

ERGONOMIC PROGRAM

VDT WORKSTATIONS
ERGONOMIC ASSESSMENT FORM

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 ☐ 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^{O}
- ☐ LINE OF VISION EVEN WITH TOP OF MONITOR
- ☐ EARS, SHOULDERS AND HIPS LINE UP VERTICALLY
- ☐ FOREARMS, WRIST AND HAND NEUTRAL
- ☐ KNEES BENT AT 90^{O} – 120^{O}
- ☐ 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: _____
_____
_____

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: _____

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.

ACTIVITY	PROCESS MODIFICATION
☐ WORK LOAD	
☐ WORK METHOD	
☐ WORK FLOW	
☐ TASK VARIATION	
☐ EXERCISE/STRETCHES	
☐ MINI-BREAKS	
☐ WORKSTATION TRAINING	

ASSESSMENT COMPLETED BY _____ DATE _____

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____