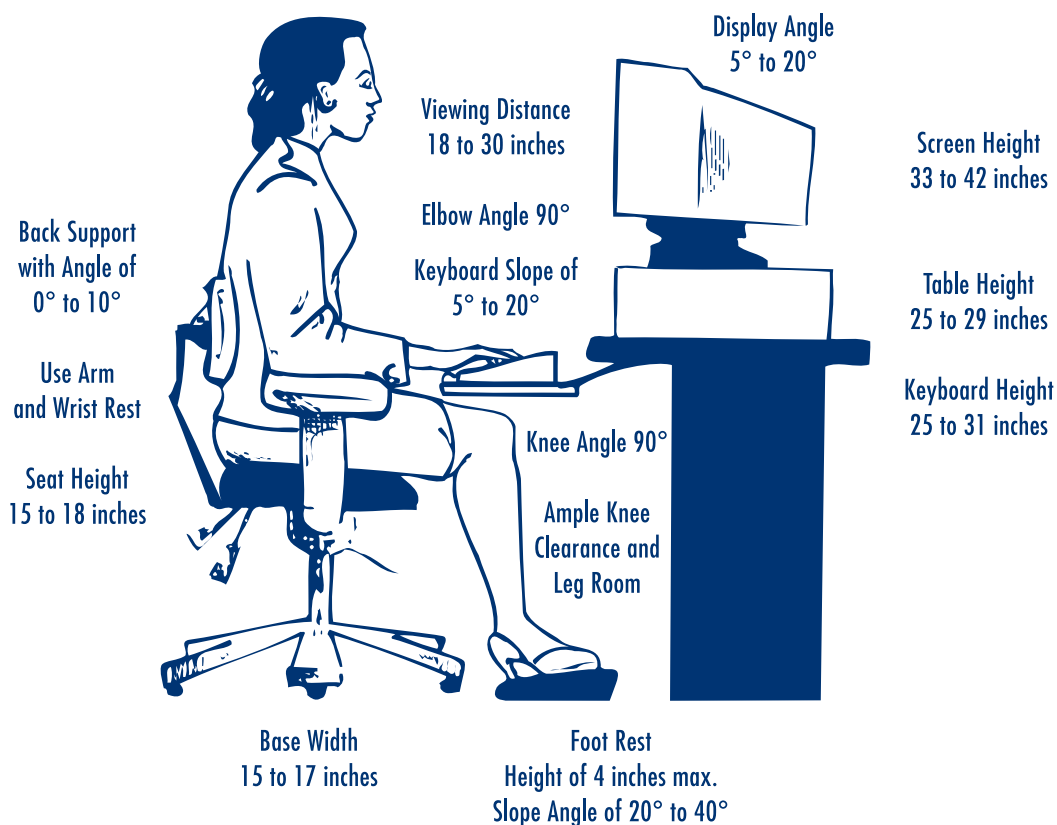


# Sample Office Workstation Layout

The information provided is the consensus of many ergonomic sources. Studies have shown, though, that an individual's preferred settings can deviate from usual recommendations. What is important is finding settings that are comfortable for you. Single distances or angles are not given; rather, ranges are, since finding what works for you is important.

- Monitor 18"-30" from eyes
- Top of monitor no higher than 0°
- Center of monitor at 15°
- Document holder about same height as and close to monitor
- Bottom of monitor no lower than 40°
- Elbow parallel to middle of keyboard
- Lumbar region of the spine: inward curve
- Thorax: outward curve
- Eyes parallel with top of monitor
- Forearm parallel to floor
- Wrist straight
- Chair swivels so operator can move periodically



# Sample Office Workstation Checklist

Date \_\_\_\_\_ Number of Employees Using Workstation \_\_\_\_\_

Location/Department \_\_\_\_\_ Workstation Number \_\_\_\_\_

Employee Name \_\_\_\_\_

Evaluator \_\_\_\_\_

## Equipment

## Recommended Solutions

### Worksurface

1. Workstation Height \_\_\_\_\_ (standard 25"-29")  
Is height \_\_\_\_\_ ok \_\_\_\_\_ too high \_\_\_\_\_ too low
2. Legroom \_\_\_\_\_ Sufficient \_\_\_\_\_ Insufficient
3. Is equipment/materials organized to reduce reaching/twisting?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
4. Is table edge rounded? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Worksurface

- \_\_\_\_\_ Select a different worksurface
- \_\_\_\_\_ Raise \_\_\_\_\_" / \_\_\_\_\_ Lower \_\_\_\_\_"
- Comments \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Chair

1. Seat Height \_\_\_\_\_ (standard seat pan 15"-18" from floor)  
Is height \_\_\_\_\_ ok \_\_\_\_\_ too high \_\_\_\_\_ too low
2. Does back fit comfortably? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Does chair fit hips comfortably? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Seat has height adjustment? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Seat has back rest adjustment? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Chair has arm rests? \_\_\_\_\_ Yes \_\_\_\_\_ No
7. Arm rests are adjustable? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. Is foot support adequate? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Chair

- \_\_\_\_\_ Raise \_\_\_\_\_" / \_\_\_\_\_ Lower \_\_\_\_\_"
- \_\_\_\_\_ Add footrest
- \_\_\_\_\_ Adjust height of worksurface
- \_\_\_\_\_ Add back support
- \_\_\_\_\_ Adjust tension of back support
- \_\_\_\_\_ Adjust back \_\_\_\_\_ up or \_\_\_\_\_ down
- \_\_\_\_\_ Purchase arm rests and attach
- \_\_\_\_\_ Purchase new chair

### Keyboard

1. Keyboard Height \_\_\_\_\_ ok \_\_\_\_\_ too high \_\_\_\_\_ too low
2. Is a pullout/adjustable keyboard tray used? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Angle positioned to minimize bending of wrists while typing (standard + 20°)? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Keyboard

- \_\_\_\_\_ Raise \_\_\_\_\_" / \_\_\_\_\_ Lower \_\_\_\_\_"
- \_\_\_\_\_ Add articulating keyboard
- \_\_\_\_\_ Relocate keyboard
- \_\_\_\_\_ Provide wristrest
- \_\_\_\_\_ Provide forearm support

### Mouse

1. Is mouse at same height as keyboard? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Is arm supported while using mouse? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Is mouse within 10" reach? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Mouse

- \_\_\_\_\_ Add forearm support
- \_\_\_\_\_ Relocate mouse

### Monitor

1. Monitor Height \_\_\_\_\_ ok \_\_\_\_\_ too high \_\_\_\_\_ too low
2. Is screen arm's length (18"-30") from user? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Is monitor centered in front of user? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Is glare apparent? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Is monitor adjustable to reduce glare? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Glare screen provided? \_\_\_\_\_ Yes \_\_\_\_\_ No
7. Is screen clean? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Monitor

- \_\_\_\_\_ Raise monitor
- \_\_\_\_\_ Add monitor arm
- \_\_\_\_\_ Tilt monitor \_\_\_\_\_ up or \_\_\_\_\_ down
- \_\_\_\_\_ Close blinds or curtains
- \_\_\_\_\_ Reduce overhead lights
- \_\_\_\_\_ Add glare screen
- \_\_\_\_\_ Clean screen
- \_\_\_\_\_ Add task light

### Miscellaneous

1. Document holder provided? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Is phone placed for dominant hand use? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Is head held erect while using phone? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Miscellaneous

- \_\_\_\_\_ Purchase document holder
- \_\_\_\_\_ Purchase slant table
- \_\_\_\_\_ Relocate phone
- \_\_\_\_\_ Provide headset
- \_\_\_\_\_ Add phone rest