|  |
| --- |
| Please use the ***ErgoSystems Home Office Ergonomics Checklist*** as a self-assessment tool to help ensure your home office workstation (chair, desk, computer and office equipment) is set-up to your full advantage. Please refer to the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** for specific step-by-step details. Please contact your appropriate company representative for additional assistance if needed.  |
| **Date** |  | **Last Name** |  | **First Name** |  |

|  |
| --- |
| **Chair** |
| **Are you able to adjust your chair in both the “upright keyboard” and “semi-reclined conversation” positions?*** If **YES**, remember to change positions periodically.
* If **NO**, please review the ***Chair Section*** of the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** and/or request assistance from your appropriate company representative.
 | **❑ YES****❑ NO** |
|
| **Is your chair free from any maintenance issues?*** If **YES**, continue to monitor chair maintenance.
* If **NO**, please consider repairing or replacing the chair and/or request assistance from appropriate company representative.
 | **❑ YES****❑ NO** |
| **Desk – Seated and Standing** |
| **Are you able to adjust your seated desk height to the proper height based on your keyboard technique (piano player or forearm supporter)?*** If **YES**, continue with proper seated desk height.
* If **NO**, please review the ***Desk and Equipment Sections*** of the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** and/or request assistance from your appropriate company representative.
 | **❑ YES****❑ NO** |
| **Are you able to adjust your standing desk height to the proper height based on your keyboard technique?*** If **YES**, continue with proper standing worksurface height.
* If **NO**, please review the ***Desk Section*** of the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** and/or request assistance from your appropriate company representative.
 | **❑ NA ❑ YES****❑ NO** |
|
|
| **Foot Support /Clearance** |
| **Do you have adequate support for your feet (either on the floor or on a footrest) when seated?*** If **YES**, continue to ensure appropriate foot support
* If **NO**, please review ***Footrest Section*** of the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** and/or request assistance from your appropriate company representative.
 | **❑ YES****❑ NO** |
| **Do you have adequate clearance for your legs and feet under the worksurface?*** If **YES**, continue to ensure adequate clearance.
* If **NO**, please remove any obstacles under your worksurface; if needed review ***Foot/leg*** ***Clearance Section*** of the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** and/or request assistance from your appropriate company representative.
 | **❑ YES****❑ NO** |
| **Keyboard** |
| **Have you determined your specific keyboard technique *(piano player or forearm support)* and properly positioned it at the correct worksurface height?*** If **YES**, continue to ensure appropriate keyboard position.
* If **NO**, please review the ***Desk and Equipment Sections*** of the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** and/or request assistance from your appropriate company representative.
 | **❑ YES****❑ NO** |
| **Does the standard straight keyboard configuration work for you?*** If **YES**, continue with the standard keyboard.
* If **NO**, request assistance from your appropriate company representative.
 | **❑ YES****❑ NO** |
| **Keyboard Tray** |
| **If you do not have a keyboard tray check NA.****If you do have a keyboard tray, is it needed and have you adjusted it properly?*** If **YES**, continue with use of the keyboard tray.
* If **NO**, if you do not need the tray, consider removing it. If you need the tray and have not adjusted it properly please review the ***Equipment Section*** of the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** and/or request assistance from your appropriate company representative.
 | **❑ NA****❑ YES****❑ NO** |
| **Mouse** |
| **Are you able to position your mouse properly next to your keyboard?*** If **YES**, continue with proper mouse position.
* If **NO**, please review the ***Equipment Section*** of the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** and/or request assistance from your appropriate company representative.
 | **❑ YES****❑ NO** |
| **Are you using keyboard shortcuts to reduce overall mouse use?*** If **YES**, continue with keyboard shortcuts and add more as it makes sense for your computer work.
* If **NO**, access the Help menu of the software and learn additional keyboard shortcuts.
 | **❑ YES****❑ NO** |
| **Computer (Laptop/Desktop)** |
| **Are you able to position the computer (laptop or desktop) for easy access as needed?*** If **YES**, continue with proper positioning.
* If **NO**, reposition computer for appropriate access.
 | **❑ YES****❑ NO** |
| **Monitors** |
| **Are you able to position your monitor(s) at the recommended height and distance (about arm’s length and top of screen about eye level)?*** If **YES**, Continue with proper placement.
* If **NO**, Adjust the monitor placement. If needed please review the ***Monitor Section*** of the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** and/or request assistance from your appropriate company representative.
 | **❑ YES****❑ NO** |
| **If you have two or more monitors are you able to properly position them based on viewing habits *(Primary/Primary: each viewed about 50% and centered to your nose OR Primary/Secondary: one viewed primarily and the other only occasionally with primary centered on you)?**** If **YES**, continue with proper monitor placement.
* If **NO**, position the monitors based on viewing, If needed please review the ***Monitor Section*** of the ***ErgoSystems Home Office Ergonomics Quick Reference Guide*** and/or request assistance from your appropriate company representative.
 | **❑ YES****❑ NO** |
|
|
| **Eye Examinations** |
| **Have you had eye examinations on a regular basis (every two years is recommended)?*** If **YES**, continue with regular eye examinations.
* If **NO**, consider regular eye examinations.
 | **❑ YES****❑ NO** |
|  **Hard Copy Documents** |
| **If you read hard copy when at the keyboard are you able to position it to maintain neutral head position?*** If **YES**, continue with appropriate hard copy position.
* If **NO**, consider adding a document holder to position documents on an incline to improve head/neck position.
 | **❑ YES****❑ NO** |
|
|
| **Telephone** |
| **Do you use the telephone for only a few short calls a day and are able to hold the handset with your hand (not cradled between your ear and shoulder)?*** If **YES**, continue with handset use.
* If **NO**, consider adding a headset if you make frequent and/or longer calls.
 | **❑ YES****❑ NO** |
| **Handwriting/Reading** |
| **Are you able to position your head/neck in a comfortable when handwriting/reading documents?*** If **YES**, continue with appropriate head/neck position.
* If **NO**, consider adding a read/write stand or podium.
 | **❑ YES****❑ NO** |
| **Office Equipment** |
| **Are you able to position office equipment in appropriate reach zones?*** If **YES**, continue with appropriate positioning.
* If **NO**, relocate office equipment to within appropriate reach zones.
 | **❑ YES****❑ NO** |
| **Lighting – General and Task** |
| **Is there adequate general lighting in the area?*** If **YES**, continue with appropriate lighting.
* If **NO**, determine if there is too much or not enough lighting and adjust lighting accordingly.
 | **❑ YES****❑ NO** |
| **Is there adequate task light to read hardcopy materials?*** If **YES**, continue with appropriate light

If **NO**, consider adding additional task light. | **❑ YES****❑ NO** |
| **Noise** |
| **Is noise level in the office appropriate to allow for adequate communication?*** If **YES**, continue with appropriate noise levels.
* If **NO**, determine if there is too much noise or too little noise and adjust accordingly.
 | **❑ YES****❑ NO** |
| **Temperature** |
| **Are you comfortable with the air temperature in the area?*** If **YES**, continue with the appropriate air temperature.
* If **NO**, determine if you are too hot or too cold and consider appropriate personal controls like an approved personal fan or a sweater.
 | **❑ YES****❑ NO** |
| **Comments (Please add any comments)** |
|  |