

ERGOSYSTEMS HOME OFFICE ERGONOMICS CHECKLIST

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
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Chair

<p>Are you able to adjust your chair in both the “upright keyboard” and “semi-reclined conversation” positions?</p> <ul style="list-style-type: none"> • If YES, remember to change positions periodically. • If NO, please review the Chair Section of the <i>ErgoSystems Home Office Ergonomics Quick Reference Guide</i> and/or request assistance from your appropriate company representative. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<p>Is your chair free from any maintenance issues?</p> <ul style="list-style-type: none"> • If YES, continue to monitor chair maintenance. • If NO, please consider repairing or replacing the chair and/or request assistance from appropriate company representative. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Desk – Seated and Standing

<p>Are you able to adjust your seated desk height to the proper height based on your keyboard technique (piano player or forearm supporter)?</p> <ul style="list-style-type: none"> • If YES, continue with proper seated desk height. • If NO, please review the Desk and Equipment Sections of the <i>ErgoSystems Home Office Ergonomics Quick Reference Guide</i> and/or request assistance from your appropriate company representative. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<p>Are you able to adjust your standing desk height to the proper height based on your keyboard technique?</p> <ul style="list-style-type: none"> • If YES, continue with proper standing worksurface height. • If NO, please review the Desk Section of the <i>ErgoSystems Home Office Ergonomics Quick Reference Guide</i> and/or request assistance from your appropriate company representative. 	<input type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NO
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Foot Support /Clearance

<p>Do you have adequate support for your feet (either on the floor or on a footrest) when seated?</p> <ul style="list-style-type: none"> • If YES, continue to ensure appropriate foot support • If NO, please review Footrest Section of the <i>ErgoSystems Home Office Ergonomics Quick Reference Guide</i> and/or request assistance from your appropriate company representative. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<p>Do you have adequate clearance for your legs and feet under the worksurface?</p> <ul style="list-style-type: none"> • 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 <i>ErgoSystems Home Office Ergonomics Quick Reference Guide</i> and/or request assistance from your appropriate company representative. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Keyboard

<p>Have you determined your specific keyboard technique (piano player or forearm support) and properly positioned it at the correct worksurface height?</p> <ul style="list-style-type: none"> • If YES, continue to ensure appropriate keyboard position. • If NO, please review the Desk and Equipment Sections of the <i>ErgoSystems Home Office Ergonomics Quick Reference Guide</i> and/or request assistance from your appropriate company representative. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<p>Does the standard straight keyboard configuration work for you?</p> <ul style="list-style-type: none"> • If YES, continue with the standard keyboard. • If NO, request assistance from your appropriate company representative. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Keyboard Tray

<p>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?</p> <ul style="list-style-type: none"> • 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 <i>ErgoSystems Home Office Ergonomics Quick Reference Guide</i> and/or request assistance from your appropriate company representative. 	<input type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NO
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Mouse

<p>Are you able to position your mouse properly next to your keyboard?</p> <ul style="list-style-type: none"> • If YES, continue with proper mouse position. • If NO, please review the Equipment Section of the <i>ErgoSystems Home Office Ergonomics Quick Reference Guide</i> and/or request assistance from your appropriate company representative. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<p>Are you using keyboard shortcuts to reduce overall mouse use?</p> <ul style="list-style-type: none"> • 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. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Computer (Laptop/Desktop)

<p>Are you able to position the computer (laptop or desktop) for easy access as needed?</p> <ul style="list-style-type: none"> • If YES, continue with proper positioning. • If NO, reposition computer for appropriate access. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Monitors

<p>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)?</p> <ul style="list-style-type: none"> If YES, Continue with proper placement. If NO, Adjust the monitor placement. If needed please review the Monitor Section of the <i>ErgoSystems Home Office Ergonomics Quick Reference Guide</i> and/or request assistance from your appropriate company representative. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<p>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)?</p> <ul style="list-style-type: none"> If YES, continue with proper monitor placement. If NO, position the monitors based on viewing, If needed please review the Monitor Section of the <i>ErgoSystems Home Office Ergonomics Quick Reference Guide</i> and/or request assistance from your appropriate company representative. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Eye Examinations

<p>Have you had eye examinations on a regular basis (every two years is recommended)?</p> <ul style="list-style-type: none"> If YES, continue with regular eye examinations. If NO, consider regular eye examinations. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Hard Copy Documents

<p>If you read hard copy when at the keyboard are you able to position it to maintain neutral head position?</p> <ul style="list-style-type: none"> 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. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Telephone

<p>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)?</p> <ul style="list-style-type: none"> If YES, continue with handset use. If NO, consider adding a headset if you make frequent and/or longer calls. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Handwriting/Reading

<p>Are you able to position your head/neck in a comfortable when handwriting/reading documents?</p> <ul style="list-style-type: none"> If YES, continue with appropriate head/neck position. If NO, consider adding a read/write stand or podium. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Office Equipment

<p>Are you able to position office equipment in appropriate reach zones?</p> <ul style="list-style-type: none"> If YES, continue with appropriate positioning. If NO, relocate office equipment to within appropriate reach zones. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Lighting – General and Task

<p>Is there adequate general lighting in the area?</p> <ul style="list-style-type: none"> If YES, continue with appropriate lighting. If NO, determine if there is too much or not enough lighting and adjust lighting accordingly. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<p>Is there adequate task light to read hardcopy materials?</p> <ul style="list-style-type: none"> If YES, continue with appropriate light <p>If NO, consider adding additional task light.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Noise

<p>Is noise level in the office appropriate to allow for adequate communication?</p> <ul style="list-style-type: none"> If YES, continue with appropriate noise levels. If NO, determine if there is too much noise or too little noise and adjust accordingly. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Temperature

<p>Are you comfortable with the air temperature in the area?</p> <ul style="list-style-type: none"> 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. 	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Comments (Please add any comments)