

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
-------------	------------------	-------------------

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
---	---

<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
--	---

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
--	---

<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
--	--

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
---	---

<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
---	---

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
--	---

<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
---	---

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
--	--

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
--	---

<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
---	---

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
--	---

ERGOSYSTEMS HOME OFFICE ERGONOMICS CHECKLIST

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)