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| **Workstation Checklist** |

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| **Company:** | Click or tap here to enter text. | **Workstation Name:** | Click or tap here to enter text. |
| **Prepared by:** | Click or tap here to enter text. | **Department:** | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. | **Document Number:** | Click or tap here to enter text. |

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| **“NO” answer indicates need for additional investigation.** |
| * Workstation configuration has been determined (sit, stand or sit/stand).
 | Select YES or NO. |
| * Seated workstation guidelines have been identified and incorporated into workstation design. Includes seated worksurface heights and seated workstation dimensions.
 | Select YES or NO. |
| * Standing workstation guidelines have been identified and incorporated into workstation design. Includes standing worksurface heights and standing workstation dimensions.
 | Select YES or NO. |
| * The workstation allows for full range of movement.
 | Select YES or NO. |
| * Mechanical aids and equipment are available.
 | Select YES or NO. |
| * Height of the work surface adjustable.
 | Select YES or NO. |
| * Work surface can be tilted or angled to provide improved access.
 | Select YES or NO. |
| * Is the workstation designed to reduce or eliminate?
* Bending or twisting at the wrist?
* Reaching above the shoulder?
* Static muscle loading?
* Full extension of the arms?
* Raised elbows?
 | Select YES or NO. |
| * Workers able to vary posture.
 | Select YES or NO. |
| * Hands and arms free from sharp edges on work surfaces.
 | Select YES or NO. |
| * Armrest provided where needed.
 | Select YES or NO. |
| * Footrest provided where needed.
 | Select YES or NO. |
| * Floor surface free of obstacles and flat.
 | Select YES or NO. |
| * Cushioned floor mats provided for employees required to stand for long periods.
 | Select YES or NO. |
| * Chairs or stools easily adjustable and suited to the task.
 | Select YES or NO. |
| * Tasks visible from comfortable positions.
 | Select YES or NO. |
| * Preventive maintenance program for mechanical aids, tools, and other equipment.
 | Select YES or NO. |