

Telework Ergonomics Self-Assessment

Approved by the Workplace Strategy Council and OFM Collaborative April 2021.

The goal of this ergonomic evaluation is to educate you in what an ergonomic workstation should look and feel like so you can identify early warning signs that can develop into serious problems. The better we understand your specific needs, the better this evaluation will be for you in the long run.

This assessment is vital for us to assist you in the proper setup of your workstation. The individual sections of this form play a key role in this. It is important for you to fill out the entire form to ensure all of the necessary information is provided as part of the telework/ergonomics process and/or in case of a formal assessment being done.

Note: If this assessment is being completed based on medical need, please contact your HR office to discuss appropriate process moving forward.

Employee Information

Employee Name:

Date:

Job Title:

Supervisor Name:

Division:

Telework/Office Location:

Workstation Information

Is this a shared workspace?

Yes

No

Are breaks taken away from work area?

Yes

No

Percentage of time spent in each type of work function:

% Using keyboard

% Writing/Notetaking

%Using computer mouse

% Telephone without headset

%10-key

% Other

Other significant tasks:

Reason for assessment:

New Employee Telework Agreement Prevention Follow up
Discomfort Medical Issue Other:

Note: if reason is due to medical issue, please contact your HR office

Please provide any additional information you would like to be considered:

State Owned Equipment Inventory

Please check all state-owned equipment you currently use at your telework location. Include model or specifications if pertinent, i.e. basic or ergonomic keyboard.

Desk:	State issued	Personal	Standard	Sit/Stand	
Chair:	State issued	Personal	Adjustable:	Yes	No
Computer:	State issued	Personal	Laptop/Tablet:	Yes	No
Docking Station:	State issued	Personal			
Keyboard:	State issued	Personal	Ergonomic:	Yes	No
Keyboard Tray:	State issued	Personal			
Mouse:	State Issued	Personal	Ergonomic:	Yes	No
Monitor(s):	State Issued	Personal	One	Two	
Headset:	State Issued	Personal			
Printer:	State Issued	Personal			
Cell Phone:	State Issued	Personal			
Footrest:	State Issued	Personal			

Describe other items used, i.e. lumbar pillow, floor mat, et cetera:

Equipment Assessment

Reminder: If this assessment is being completed based on medical need, please contact your HR office to discuss appropriate process moving forward.

Chair

My chair is comfortable and working appropriately. Yes No

If no: DIY: Create a standing station and alternate your positions throughout the day. Ensure that your keyboard, mouse and monitor screen are at the correct height (see illustration below).

When I lean against the backrest, my feet are supported by the floor. Yes No

If no:

- Add a footrest or
- DIY: Books or boxes duct taped as needed.

My chair provides low back support. Yes No

If no:

- Add a lumbar cushion.
- DIY: Use a rolled towel behind your low back. Pin on a strap to make it stay in place better.
- Some chairs are more comfortable with a vertical pillow added.

When using backrest, I sit without chair edge pressing into my thighs or the backside of my knees.

Yes No

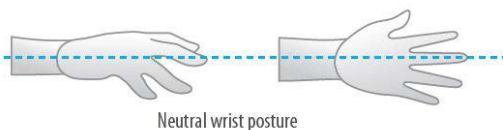
If no:

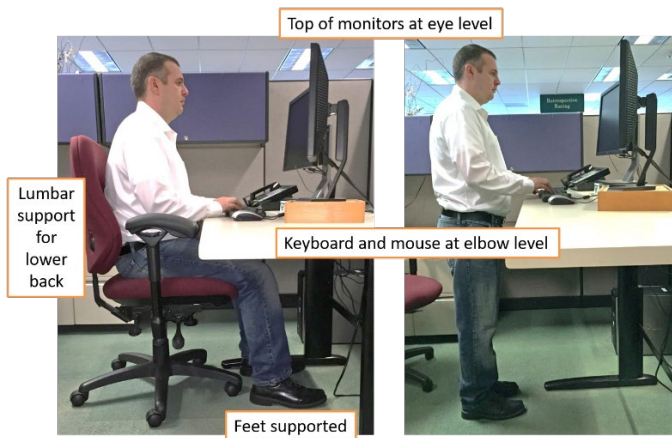
- Add a lumbar cushion.
- DIY: Use a rolled towel behind your low back. Pin on a strap to make it stay in place better.
- Some chairs are more comfortable with a vertical pillow added.

My armrests support my forearms and keep my upper arms and shoulders relaxed. The armrests aren't in the way of pulling close to my desk to avoid reaching. Yes No

If no:

- Raise the armrests and/or adjust them closer to you if you find yourself leaning to one side to use them.
- Add padding to the armrests if they're too low or too hard.
- Lower the armrests if they make you shrug your shoulders.
- Lower or remove the armrests if they bump into the front edge of your desk when you pull up to your keyboard.





Keyboard, Monitor and Mouse

My elbows stay close to my sides and my wrists are mostly neutral (not bent) when I use my keyboard and mouse. Yes No

If no:

- Raise or lower workstation
- Raise or lower keyboard
- Raise or lower chair
- Change the keyboard tilt
- Check posture
- Alter the keyboard feet and check your wrist posture

Note: Many keyboards have foldable feet under them. Sometimes it helps to flatten the feet or other times, to leave the keyboard at an angle. Pay attention to what helps make your wrists straighter.

My mouse is the same level and next to my keyboard. Yes No

If no: Move mouse closer to keyboard.

I adjusted the screen brightness, contrast and font size so my eyes are comfortable when looking at the screen. Yes No

If no:

- Adjust Settings -
- Click on Windows key/ Settings/System/Display
- Blink often on purpose
- Look across the room often, or out the window, to change your focal point

My mousing hand and arm feels good without aches or pains. Yes No

If no:

- Try switching to the other hand for a while to give your uncomfortable hand a rest. You can change mouse button settings in the computer control panel.
- Investigate other types of pointing devices.

My monitor is located directly in front of me. My neck is neutral/not rotated. Yes No

If no: Reposition monitor – align the center of the monitor with the middle of your body.

I have two monitors and can view them both without turning my head much. Yes No

If no:

- If you use both monitors equally, have them as close together as possible with the split between them centered in front of you.
- If your monitors are wide, try to keep most of your work towards the inside half of each monitor, not out towards the edges where you would have to turn your head to see your work.
- If you use one screen more than the other, place it centered in front of you. Place the monitor you use less often off to one side and angled towards you. Move windows you're using for any length of time to the centered monitor

I can lean against my backrest without leaning forward to see screens. Yes No

If no:

- Reposition monitor—lean against the backrest and reach out in front of you to measure the distance. Start with the monitor about an arm's length away. Adjust the distance as needed for eye comfort.

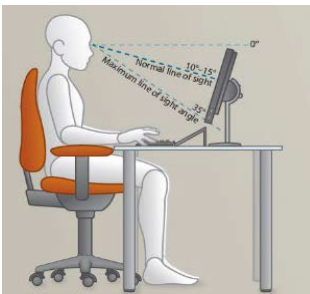
Note: The correct distance from the user depends on monitor size, font and screen resolution and the user's vision and use of bifocals or progressive spectacles.

I don't wear glasses, and the top of my monitor is near eye level. Yes No

OR

I wear progressive lenses or bifocals and screen is low enough for me to view without tilting my chin up.

Yes No



Tips:

- If you have a separate keyboard and mouse, in addition to your laptop, raise or lower the monitor so the top of the screen is at eye level.
- If you tend to tilt your chin up to read the screen, lower the monitor a few more inches.
- Raise the chair and add a footrest if needed.
- Tilt the screen so that it's at a more natural reading angle.

I take mini pauses to relieve static posture and to rest my eyes. I alternate between sitting and standing or move around before I get tired or have discomfort. Yes No

If no:

- Set reminders to take breaks
- Refocus your eye gaze on something 20 feet away every 20 minutes
- Blink often on purpose

Workstation/Surface

I have sufficient legroom under my desk. Nothing under the desk encroaches into my leg space or compromises my posture or is a tripping hazard. Yes No

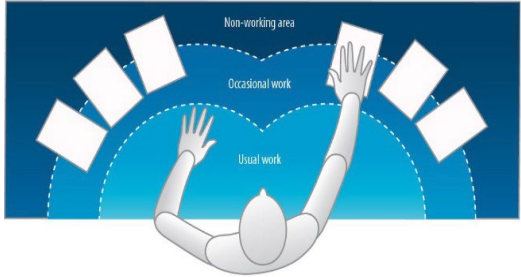
If no:

- Rearrange workstation
- Make more space under the desk so that you won't catch your foot on a cord or other obstacle.

Items that I use frequently are located close to me. Yes No

If no: Rearrange workstation

Note: Place items used less often are in the "occasional" work area.



Accessories

If I use the phone while writing or keying, I use a headset or speakerphone. Yes No

If no:

- Use speakerphone
- Obtain a headset
- Use ear buds

I can look at reference documents while typing without much neck bending. Yes No

If no:

- Use a copy holder
- DIY: Prop up papers on a 3-ringed binder turned sideways. Put a binder clip on the narrow edge to keep papers from sliding off.

Laptop

I use a laptop computer for long periods of time. Yes No

If yes:

- Get appropriate laptop accessories if possible, such as a separate keyboard and mouse.
- If using the laptop screen as monitor, raise it up to eye level.
- If using the laptop screen as monitor, ensure screen is large enough to see clearly.

Safety

I have reviewed the Telework Safety checklist (page 8), and I have made the necessary corrections to my workstation.

OR

I have reviewed the Telework Safety checklist (page 8) and do not have any trip hazards around my work area, such as unwieldy cables, mats, piles of things on the floor, etc. No

Yes

If no:

- Prevent safety hazards with good housekeeping.
- Keep work area free from clutter that can contribute to slips, trips and falls

Following completion of this self-assessment, please discuss any concerns or requirements with your supervisor or HR consultant. All completed assessments should be submitted to your supervisor or HR consultant depending on your agency's practice.

Employee/Person Completing Assessment

Employee Name:

Signature:

Date:

Please type your full name in the signature fields. Do not use E-sign features or insert signature images.

Additional Comments:

Supervisor or HR Consultant

Supervisor or HR Consultant Name:

Position:

Signature:

Date:

Please type your full name in the signature fields. Do not use E-sign features or insert signature images.

Additional Comments:

Telework Safety Self-Assessment Checklist

General – I agree with the following statements: Yes No

- Workspace is away from noise, distractions, and is devoted to your work needs.
- Workspace accommodates workstation, equipment, and related material.
- Floors are clear and free from hazards.
- Phone lines and electrical cords are secured under a desk or along wall, and away from heat sources.
- Temperature, ventilation, and lighting are adequate.
- All stairs with four or more steps are equipped with handrails.
- Carpets are well secured to the floor and free of frayed or worn seams.

Fire Safety – I agree with the following statements: Yes No

- There is a working smoke detector in the workspace area.
- A home multi-use fire extinguisher, which you know how to use, is readily available.
- Walkways, aisles and doorways are unobstructed.
- Workspace is kept free of trash, clutter, and flammable liquids.
- Radiators and portable heaters are located away from flammable items.
- You have an evacuation plan and know what to do in the event of a fire.

Electrical Safety – I agree with the following statements: Yes No

- Sufficient electrical outlets are accessible.
- Computer equipment is connected to a surge protector.
- Electrical system is adequate for office equipment.
- All electrical plugs, cords, outlets, and panels are in good condition with no exposed/damaged wiring.
- Equipment is placed close to electrical outlets.
- Extension cords and power strips are not daisy chained and no permanent extension cord is in use.
- Equipment is turned off when not in use.

Other Safety Measures – I agree with the following statements: Yes No

- Files and data are secure.
- Materials and equipment are in a secure place that can be protected from damage and misuse.
- You have an inventory of all equipment in the office including serial numbers