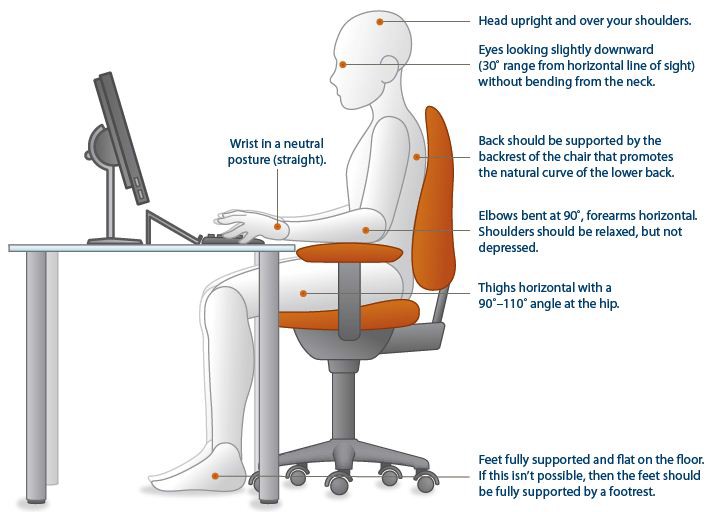
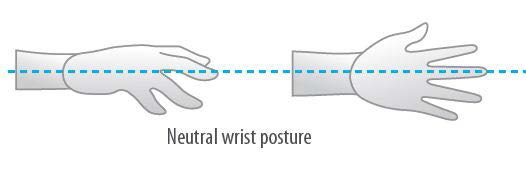
**Workstation Virtual Ergonomics: Self-Assessment Checklist**

Thank you for requesting a virtual ergonomic assessment. In order to provide you with a workstation that offers optimal comfort and performance while working remotely, we ask that you complete this self-assessment **PRIOR** to receiving confirmation of a virtual ergonomic assessment. Please email your completed assessment to health.safety@uregina.ca. Our Healthy Workplace Advisor, Kelsey Malakoff, will review your self-assessment and contact you to discuss the results and/or to book a virtual ergonomic assessment, if required.

**If you have any questions, please contact 306 337 3269.**

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| **Office Chair** | | **Home** | **Office** | **If from your chair is from your office on campus, please indicate your office location ie: AH 444** | **Notes** |
| 1. | **Is the office chair you are using now, yours or from your office on campus?** |  |  |  |  |
|  |  | **Yes** | **No** | **Are you experiencing any discomfort?  If so, please explain** | **Suggested Actions** |
| 2. | Are your feet fully supported by the floor when you are seated? |  |  |  | * Lower the chair * Use a footrest   Obtain lumbar roll |
| 3. | Do your armrests allow you to get close to your workstation? |  |  |  | * Adjust armrests * Remove armrests |
| 4. | Does your chair provide support for your lower back? |  |  |  | * Adjust your chair back * Obtain proper chair * Obtain lumbar roll |
| 5. | When your back is supported, are you able to sit without feeling pressure from the chair seat on the back of your knees? |  |  |  | * Adjust seat pan * Add a back support |
| 6. | Can the height, seat and back of the chair be adjusted to achieve the posture outlined below? |  |  |  | * Obtain a fully adjustable chair |

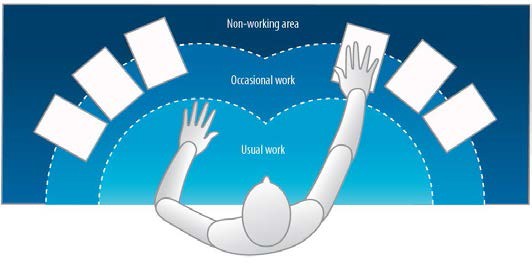




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| **Keyboard and Mouse** | | **Home** | **Office** | **If from keyboard/mouse is from your office on campus, please indicate your office location ie: AH 444** | **Notes** |
| 7. | **Is the keyboard/mouse you are using now, yours or from your office on campus?** |  |  |  |  |
|  |  | **Yes** | **No** | **Are you experiencing any discomfort? If so, please explain** | **Suggested Actions** |
| 8. | Are your keyboard, mouse and work surface at your elbow height? |  |  |  | * Raise / lower workstation * Raise or lower keyboard * Raise or lower chair |
| 9. | Are frequently used items within reach? |  |  |  | * Rearrange workstation |
| 10. | Is the keyboard close to the front edge of the desk allowing space for the wrist to rest on the desk surface? |  |  |  | * Move keyboard to correct position |
| 11. | When using your keyboard and mouse, are your wrists straight and your upper arms relaxed? *The keyboard should be flat and not propped up on keyboard legs as an angled keyboard may place the wrist in an awkward posture when keying.* |  |  |  | * Re-check chair, raise or lower as needed * Check posture * Check keyboard and mouse height |
| 12. | Is your mouse at the same level and as close as possible to your keyboard? |  |  |  | * Move mouse closer to keyboard * Obtain larger keyboard tray if necessary |
| 13. | Is the mouse comfortable to use? |  |  |  | * Rest your dominant hand by using the mouse with your non-dominant hand for brief periods (mouse buttons can be changed within the computer control panel * Investigate alternate mouse options. |



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| **Monitor and Work Surface** | | **Home** | **Office** | **If the monitor(s) is from your office on campus, please indicate your office location: ie: AH 444 experiencing any discomfort? If so, please explain** | **Notes** |
| 14. | **Is the monitor(s) you are using now, yours or from your office on campus?** |  |  |  |  |
|  |  | **Yes** | **No** | **Are you experiencing any discomfort? If so, please explain** | **Suggested Actions** |
| 15. | Is your monitor positioned directly in front of you? |  |  |  | * Reposition monitor |
| 16. | Is your monitor positioned at least an arm’s length away?  Note: the monitor’s location is dependent on the size of the monitor, the font, screen resolution and the individual user e.g. vision/use of bifocal spectacles etc. |  |  |  | * Reposition monitor * Seek an alternative monitor if necessary e.g. flat screen that uses less space |
| 17. | Is your monitor height slightly below eye level? |  |  |  | * Add or remove monitor stand * Adjust monitor height |
| 18. | Is your monitor and work surface free from glare? |  |  |  | * Windows at side of monitor * Adjust overhead lighting * Cover windows * Obtain antiglare screen |
| 19. | Do you have appropriate light for reading or writing documents? |  |  |  | * Obtain desk lamp * Place on left if right- handed – place on right if left handed |
| 20. | Are frequently used items located within the usual work area? Items which are only used occasionally should be in the occasional work area. |  |  |  | * Rearrange workstation |



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| **Breaks** | | **Yes** | **No** | **If not, why?** | **Notes** |
| 21. | Do you take postural breaks every 30 minutes?  Ex. standing, walking to printer / fax etc.? |  |  |  | * Set reminders to take breaks |
| 22. | Do you take regular eye breaks from looking at your monitor? |  |  |  | * Refocus on picture on wall every 30 minutes |
| **Accessories** | | **Yes** | **No** | **If not, why?** | **Notes** |
| 23. | Is there a sloped desk surface or angle board for reading and writing tasks if required? |  |  |  | * Obtain an angle board |
| 24. | Is there a document holder either beside the screen or between the screen and keyboard if required? |  |  |  | * Obtain document holder |
| 25. | Are you using a headset or speakerphone if you are writing or keying while talking on the phone? |  |  |  | * Obtain a headset if using the phone and keyboard |

**Self-Assessment completed by:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Faculty: |  | Employee ID #: |  |
| **HEALTHY WORKPLACE ADVISOR TO COMPLETE THIS SECTION** | | | |
| **Virtual Assessment Required:** | | **Recommendation:** | |

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| **Comments:** |
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