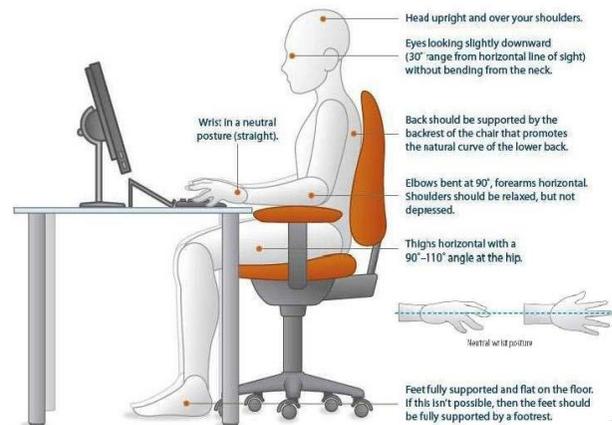


Ergonomic Self-Assessment Checklist

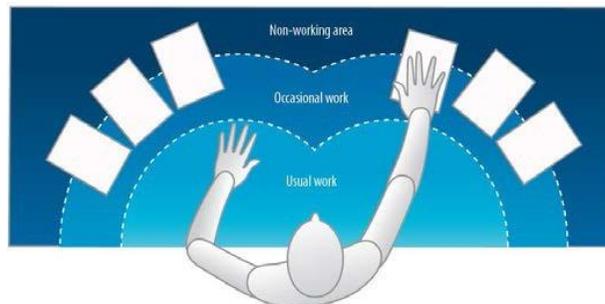
In order to provide you with a workstation that offers optimal comfort and performance, please complete the Ergonomic Self-Assessment Checklist below. Email your completed assessment to health.safety@uregina.ca. Our Healthy Workplace Advisor, Stuart Signarowski, will review your self-assessment checklist and contact you (please allow three to five business days) to discuss his recommendations and/or to schedule an ergonomic assessment, if required.

 OFFICE CHAIR		Yes	No	Are you experiencing any discomfort? If so, please explain	Suggested Actions
1.	Are your feet fully supported by the floor when you are seated?				<ul style="list-style-type: none"> Lower the chair Use a footrest
2.	Do your armrests allow you to get close to your workstation?				<ul style="list-style-type: none"> Adjust armrests Remove armrests
3.	Does your chair provide support for your lower back?				<ul style="list-style-type: none"> Adjust the back of your chair Obtain proper chair Obtain a lumbar roll
4.	When your back is supported, are you able to sit without feeling pressure from the chair seat on the back of your knees?				<ul style="list-style-type: none"> Adjust seat pan Add a back support
5.	Can the height, seat and back of your chair be adjusted to achieve the posture outlined below?				<ul style="list-style-type: none"> Obtain a fully adjustable chair



				Are you experiencing any discomfort? If so, please explain	Suggested Actions
		Yes	No		
KEYBOARD					
1.	Are your keyboard, mouse and work surface at your elbow height?				<ul style="list-style-type: none"> • Raise / lower workstation • Raise or lower keyboard • Raise or lower chair
2.	Are frequently used items within reach?				<ul style="list-style-type: none"> • Rearrange workstation
3.	Is the keyboard close to the front edge of the desk allowing space for the wrist to rest on the desk surface?				<ul style="list-style-type: none"> • Move keyboard to correct position
4.	When using your keyboard and mouse, are your wrists straight and your upper arms relaxed? The keyboard should be flat and <u>not</u> propped up on keyboard legs as an angled keyboard may place the wrist in an awkward posture when keying.				<ul style="list-style-type: none"> • Re-check chair, raise or lower as needed • Check posture • Check keyboard and mouse height
5.	Is your mouse at the same level and as close as possible to your keyboard?				<ul style="list-style-type: none"> • Move mouse closer to keyboard • Obtain larger keyboard tray if necessary
6.	Is the mouse comfortable to use?				<ul style="list-style-type: none"> • 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.

 Monitor & Work Surface		Yes	No	Are you experiencing any discomfort? If so, please explain	Suggested Actions
1.	Is your monitor positioned directly in front of you?				<ul style="list-style-type: none"> • Reposition monitor
2.	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.				<ul style="list-style-type: none"> • Reposition monitor • Seek an alternative monitor if necessary e.g. flat screen that uses less space
3.	Is your monitor height slightly below eye level?				<ul style="list-style-type: none"> • Add or remove monitor stand • Adjust monitor height
4.	Is your monitor and work surface free from glare?				<ul style="list-style-type: none"> • Windows at side of monitor • Adjust overhead lighting • Cover windows • Obtain antiglare screen
5.	Do you have appropriate light for reading or writing documents?				<ul style="list-style-type: none"> • Obtain desk lamp • Place on left if right-handed – place on right if left-handed
6.	Are frequently used items located within the usual work area? Items which are only used occasionally should be in the occasional work area.				<ul style="list-style-type: none"> • Rearrange workstation



		Yes	No	If not, why?	Helpful Reminders
Breaks					
1.	Do you take postural breaks every 30 minutes? Ex. standing, walking to printer / fax etc.?				<ul style="list-style-type: none"> Create email/task note as a reminder to take breaks
2.	Do you take regular eye breaks from looking at your monitor?				<ul style="list-style-type: none"> Refocus on a picture on the wall every 30 minutes
		Yes	No	If not, why?	Notes
Accessories					
1.	Is there a sloped desk surface or angle board for reading and writing tasks if required?				<ul style="list-style-type: none"> Obtain an angle board
2.	Is there a document holder either beside the screen or between the screen and keyboard if required?				<ul style="list-style-type: none"> Obtain document holder
3.	Are you using a headset or speakerphone if you are writing or keying while talking on the phone?				<ul style="list-style-type: none"> Obtain a headset if using the phone and keyboard

Self-Assessment completed by:

Name:		Faculty/Department	
Employee ID#		Office/Room #	
Phone Number:		Position/Title	
HEALTHY WORKPLACE ADVISOR TO COMPLETE THIS SECTION			
Ergonomic Assessment Required:		Recommendation:	
Comments:			