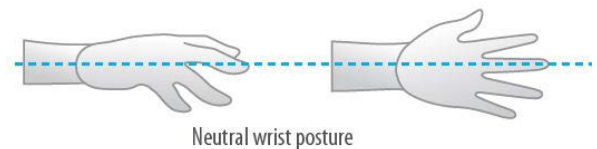
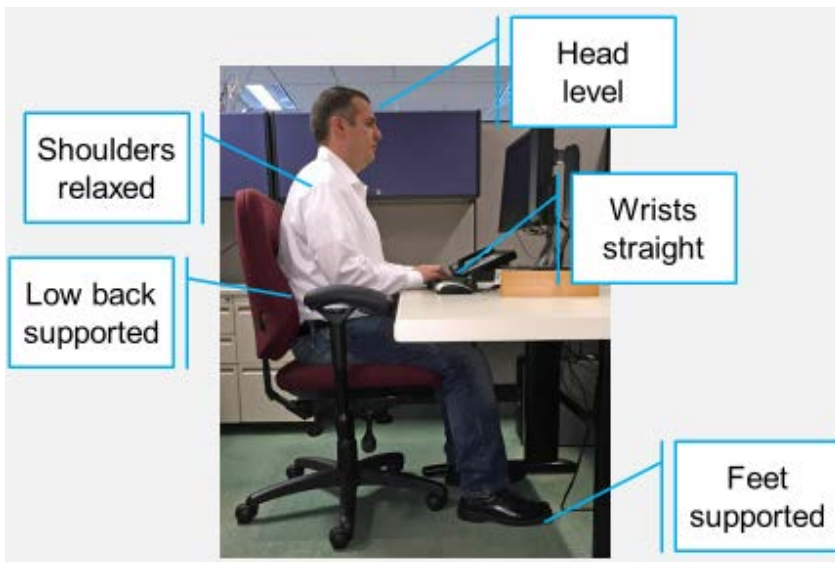
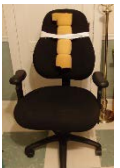


Telework Ergonomics

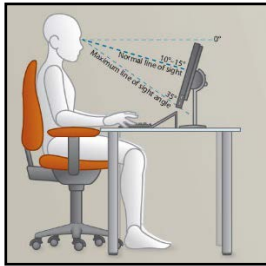
Self- Assessment

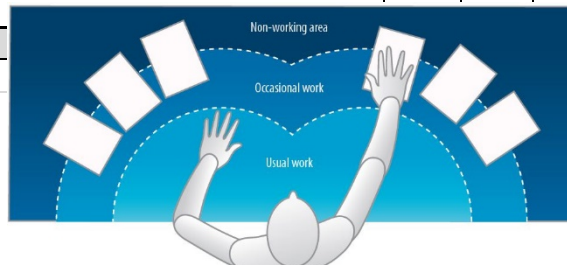
Key: DIY = Do It Yourself

Item	Task Chair	Yes	No	Suggested Actions if "no"
1.	My chair is comfortable and working appropriately.			<ul style="list-style-type: none"> • 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).
2.	When I lean against the backrest, my feet are fully supported by the floor.			<ul style="list-style-type: none"> • Add a footrest. • DIY - books or boxes, duct taped as needed
3.	My chair provides support for my lower back.			<ul style="list-style-type: none"> • 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. See photo→
4.	When using the backrest, I can sit without the chair edge pressing into my thighs or the backside of my knees.			<ul style="list-style-type: none"> • Use a footrest to raise your feet slightly. • Add a cushion to the backrest to make the seat pan smaller.



Item	Keyboard, Monitor and Mouse	Yes	No	Suggested Actions if "no"
5.	<p>My elbows stay close to my sides <u>and</u> my wrists are mostly neutral (not bent) when I use my keyboard and mouse.</p> <p><i>Many keyboards have foldable feet under them. Sometimes it helps to flatten the feet or sometimes, to leave the keyboard at an angle. Pay attention to what helps make your wrists straighter.</i></p>			<ul style="list-style-type: none"> • 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
6.	My mouse is the same level and next to my keyboard.			<ul style="list-style-type: none"> • Move mouse closer to the keyboard

Item	Keyboard, Monitor and Mouse	Yes	No	Suggested Actions if “no”
7.	I adjusted the screen brightness, contrast and font size so my eyes are comfortable when looking at the screen.			<ul style="list-style-type: none"> 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
8.	My mousing hand and arm feels good, without aches or pains.			<ul style="list-style-type: none"> 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
9.	My monitor is located directly in front of me. My neck is in neutral and not rotated.			<ul style="list-style-type: none"> Reposition monitor – align the center of the monitor with the middle of your body
10.	<p>I can lean against my backrest and see the screen clearly without leaning forward.</p> <p><i>The correct distance from the user is dependent on the size of the monitor, the font, screen resolution and the individual user (e.g. vision and use of bifocals or progressive spectacles)</i></p>			<ul style="list-style-type: none"> 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.
11.	<p>I don’t wear glasses and the top of my monitor is near eye level.</p> <p>Or—</p> <p>I wear progressive lenses or bifocals and the screen is low enough for me to view it without tilting my chin up.</p> 			<ul style="list-style-type: none"> If you have a separate keyboard and mouse, 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.
12.	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.			<ul style="list-style-type: none"> Set reminders to take breaks Refocus your eye gaze on something 20 feet away every 20 minutes Blink often on purpose
Item	Work Surface	Yes	No	Suggested Actions if “no”
13.	I have sufficient legroom under my desk. Nothing under the desk encroaches into my leg space, or compromises my posture or could cause a tripping hazard.			<ul style="list-style-type: none"> Rearrange workstation – make more space under the desk so that you can’t possibly catch your foot on a cord or other obstacle.
14.	Items that I use frequently are located close to me. Items that I use less often are in the “occasional work” area.			<ul style="list-style-type: none"> Rearrange workstation



Item	Safety	Yes	No	Suggest Action if “no”
15.	I don’t have any trip hazards around my work area, such as wiledy cables, mats, piles of things on the floor, etc.			<ul style="list-style-type: none"> Prevent slips, trips and falls with good housekeeping.

Item	Accessories	Yes	No	Suggested Actions if “no”
16.	If I use the phone while writing or keying, I use a headset or speakerphone.			<ul style="list-style-type: none"> Use speakerphone Obtain a headset Use ear buds
17.	I can look at reference documents while typing without bending my neck very much.			<ul style="list-style-type: none"> 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.

Item	Laptop	Yes	No	Suggested Actions if “no”
18.	I use a laptop computer for long periods of time			<ul style="list-style-type: none"> Get appropriate laptop accessories if possible, such as a separate keyboard and mouse

Item	Summary	Yes	No. List item number that needs intervention
19.	I have been able to implement the above adjustments and work methods and am comfortable with my workstation set up and environment.		

Following completion of this checklist, please discuss any concerns or requirements with your supervisor.
All completed assessments should be submitted to your supervisor.

Person Completing Assessment

Name		Position	
Signature		Date	

Supervisor

Name		Position	
Signature		Date	
Comments			