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| **Evaluation Information:** | | | |
| Employee Name | Bureau/Division | Job Title | |
|  |  |  | |
| Evaluator Name | Evaluation Location | | Date of Evaluation |
|  |  | |  |
| **Chair Acceptable Needs Improvement** | | | |
| Support for the lower back (lumbar) | | | |
| Seat not too narrow or too wide | | | |
| Feet on floor | | | |
| Back of knees not tight against seat | | | |
| Knees/thighs not tight against undercarriage of keyboard tray | | | |
| Overall ability to properly adjust chair based on workstation set up | | | |
| Armrests positioned to support forearms while typing | | | |
| **Keyboard and Mouse** | | | |
| Tray adjusted to a height that promotes neutral typing position | | | |
| Tray has room to hold mouse (or other device) | | | |
| Wrists not resting on tray or sharp edges while typing | | | |
| Mouse (or other device) correct size for hand | | | |
| **Monitor** | | | |
| Approximately at arm’s length away (dependent upon user) | | | |
| Top of monitor at eye level or adjusted properly | | | |
| Positioned directly in front | | | |
| Glare on screen from direct sunlight or other lighting | | | |
| **Environment** | | | |
| Adequate space under desk to sit properly and stretch legs | | | |
| Lighting acceptable for user – knows how to adjust desk lighting | | | |
| Ventilation – not too hot or too cold | | | |
| **Work Practices** | | | |
| Frequency of breaks | | | |
| Keyboarding posture | | | |
| Sitting posture | | | |
| Phoning posture/Use of headset | | | |
| Document holder kept close to monitor | | | |
| Alternate tasks | | | |
| **Recommended Items** | | | |
| Adjustable keyboard/mouse tray  Monitor riser  Adjustable chair  Wrist rest  Anti-glare screen  Lumbar support cushion  Mouse bridge or pad  Slant board for reading  Foot rest  Telephone headset  Document holder  Other | | | |
| **Comments** | | | |
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