

Ergonomic Review Form
Environmental Health & Safety Department



Employee:		Employee Height:
Job Title:	Reason for Request:	
Department:	Building:	
Supervisor:	Floor/Room Number:	
Hours Worked Per Week:	Number of Hours on Computer:	
Days Worked Per Week:	Number of Breaks:	

Personal Workstation Checklist

Chair Adjustment	Yes	No	N/A
Is your chair height adjustable?			
Is your chair adjusted/positioned to support your lower back?			
Is there room between the front edge of the seat pan and the back of your knees?			
Can you easily reach your work without interference from the arms of your chair?			
When typing or using a mouse, are you able to keep your arms in a comfortable position without resting them on the armrests?			
Do your feet rest flat on the floor or footrest?			
Are your knees bent at approximately a 90° angle?			
Monitor Adjustment	Yes	No	N/A
Is the viewing distance to your computer monitor between 16 and 24 inches?			
Is the top of your computer screen at or just below eye level?			
Is your computer monitor protected from excess glare?			
If you wear bifocals or trifocals, are you able to look at the monitor without tilting your head?			
Work Surface/Keyboard Adjustment	Yes	No	N/A
With your chair adjusted properly, is your keyboard at approximately elbow level?			
Are your arms resting at your sides rather than stretched out in front of you?			
Are your shoulders relaxed and not elevated when you work at your work surface?			
When typing at your work surface, is there approximately a 90° angle between your forearms and upper arms?			
When typing at your work surface, are your wrists in line with your forearms and not bent upwards, downwards, or to one side or another?			
Is there at least 2 inches of clearance between the bottom of your work surface to the top of your thighs?			

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Workstation Accessory Arrangements	Yes	No	N/A
Are your input devices (mouse, trackball, digitizing tablet) at the same level as your keyboard?			
Are your primary work materials/input devices located in front of you?			
Do you have enough room on your work surface for all of your computer accessories?			
Are your most frequently accessed items (phone, manuals, etc.) easy to reach?			
Do you have an adjustable document holder to hold reference materials?			
Are you able to keep your arms from resting on any hard or square edges on your work surface?			
If a large percentage of your time involves using a phone, do you use a phone headset?			
Work Habits	Yes	No	N/A
Do you take short and frequent breaks throughout the day to reduce fatigue?			
Do you frequently change body positions while working?			
Do you provide your eyes with vision breaks every 20 min.?			
Do you work fairly regular hours without a lot of overtime?			
Are you comfortable and free of pain while working?			

Comments:

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Save form and submit to:

ehs@villanova.edu