**Ergonomic Workstation Assessment Form**

**Employee Information**

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| --- | --- | --- | --- |
| Employee Name |  | Department |  |
| Job Title |  | Date of Assessment |  |
| Assessor Name |  | Assessment Type | ☐ Initial ☐ Follow-up ☐ Re-assessment |

**Section 1: Workstation Setup**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Question / Observation** | **Rating (Yes / No / Needs Adjustment)** | **Comments / Recommendations** |
| **1. Chair** | Is the chair adjustable in height and back support? |  |  |
| Are feet flat on the floor or on a footrest? |  |  |
| Is lumbar support properly aligned with lower back? |  |  |
| **2. Desk / Work Surface** | Is the desk height appropriate for the employee’s body size? |  |  |
| Is there enough legroom and clearance under the desk? |  |  |
| **3. Monitor / Screen** | Is the top of the monitor at or slightly below eye level? |  |  |
| Is the monitor about an arm’s length away? |  |  |
| Is the screen free from glare and reflections? |  |  |
| **4. Keyboard & Mouse** | Are keyboard and mouse positioned at elbow height? |  |  |
| Are wrists kept straight while typing or using the mouse? |  |  |
| Is there sufficient space for the mouse beside the keyboard? |  |  |
| **5. Lighting** | Is lighting adequate without glare on screens? |  |  |
| **6. Accessories** | Are document holders, headsets, or wrist rests used when needed? |  |  |
| **7. Environment** | Is room temperature and noise level comfortable? |  |  |

**Section 2: Posture & Work Habits**

|  |  |  |
| --- | --- | --- |
| **Question** | **Rating (Yes / No / Needs Improvement)** | **Comments** |
| Does the employee sit upright with relaxed shoulders? |  |  |
| Does the employee take regular breaks to stretch or move? |  |  |
| Does the employee change positions throughout the day? |  |  |

**Section 3: Summary of Findings**

| **Observation** | **Action Required** | **Priority (High/Medium/Low)** | **Responsible Person** | **Target Date** |
| --- | --- | --- | --- | --- |
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**Section 4: Follow-up**

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| --- | --- | --- | --- |
| **Follow-up Date** | **Actions Completed** | **Assessor Signature** | **Employee Signature** |
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**Notes:**

* Conduct assessments at least **once per year** or after any workstation change.
* Employees should report **any discomfort** immediately.
* Recommendations should be reviewed with the **Health & Safety Officer**.