UBC — **a place of mind**
THE UNIVERSITY OF BRITISH COLUMBIA

Office Ergonomics Assessment Form

Worker Name: _____   Supervisor Name: _____

Worker Contact: _____   Supervisor Contact: _____

Worker Department: _____   Worker Location: _____

Length of time in job title:_____   Length of time at workstation: _____

Job tasks at work station (Computer, Keyboard, Mouse, Phone, Hardcopy, Lifting, Filing, Other):

_____

_____

_____

Musculoskeletal Injury or Concerns (Body Part, Symptoms, Intensity 0-10, Frequency during day/week, Other):

_____

_____

_____

Select Yes or No for each Item; If No, check off recommendations to be implemented in box to the right.
Legend at Bottom

A) Yes   No   Chair Height – Are knees at ~90 ^{o}?

Raise or lower chair height to allow 90° at knee	√ X	
Source chair that can be raised and lowered	√ X	Supervisor

Other/Incomplete Reason; _____

Yes   No   Chair Height – Are feet firmly supported?

Lower chair height so feet are supported (maintain 90° at knee)	√ X	
Obtain footrest to allow foot support (maintain 90° at knee)	√ X	Supervisor
Lower table and chair to allow foot support	√ X	Supervisor

Other/Incomplete Reason; _____

Yes   No   Chair Height - Is there sufficient space under the work area for leg room (~24")?

Clear items from under desk area	√ X	Supervisor

Other/Incomplete Reason; _____

B) Yes   No   Backrest – Is lumbar support in the small of the back?

Raise or lower backrest/lumbar support to place in small of back	√ X	
Source external backrest for additional support in small of back	√ X	Supervisor
Source chair with adjustable lumbar support	√ X	Supervisor

Other/Incomplete Reason; _____

Yes   No   Backrest – Is backrest between 90-100°?

Adjust Backrest to angle between 90-100°	√ X	
Source chair with movable backrest	√ X	Supervisor

Other/Incomplete Reason; _____

C) Yes   No   Armrests – Do armrests allow forearms to be parallel to floor ?

Raise or lower armrests to allow parallel arms	√ X	
Rotate or move armrests narrower or wider to support arms	√ X	
Swap armrests to ones of ideal height	√ X	Supervisor
Remove armrests to alleviate irritation	√ X	Supervisor

Other/Incomplete Reason; _____

Completed = √

Incomplete = X

Supervisor to approve

D) **Yes**   **No**   **Seat Pan – Is there approximately 2 inches of space between the edge of the seat pan and the back of the lower leg?**

Adjust seat pan to achieve ~2 inches of space	√ X	
Source external backrest to move body forward by ~2 inches	√ X	Supervisor
Source chair with adjustable seat pan	√ X	Supervisor

Other/Incomplete Reason;_____

E) **Yes**   **No**   **Monitor – Is the top line of text in line with eye level (slightly lower for those with bifocals)?**

Adjust screen up or down to put text at eye level	√ X
Add slight tilt away from worker if monitor cannot go higher	√ X
Add slight tilt toward worker if monitor cannot go lower	√ X

Other/ Incomplete Reason; _____

    Yes   **No**   **Monitor – Is the monitor approximately an arm's length away (16"-30")?**

Move monitor back or forward to correct position	√ X

Other/ Incomplete Reason; _____

    Yes   **No**   **Monitor – If dual screens used, which is used more?**

Center both screens if used equally	√ X	
Centered primary screen and move secondary to right (left)	√ X	
Changed to single larger monitor	√ X	Supervisor

Other/ Incomplete Reason; _____

F) **Yes**   **No**   **Keyboard and Mouse – Are keyboard/mouse at same height slightly below elbow level**

Raise chair height (footrest if necessary)	√ X	Supervisor
Raise keyboard/desk to allow 90° at elbows	√ X	Supervisor
Source keyboard tray (ensure fits mouse and keyboard)	√ X	Supervisor
Keep mouse and keyboard on same level surface	√ X	

Other/ Incomplete Reason; _____

    Yes   **No**   **Keyboard and Mouse – Is mouse used with arm rotated and/or abducted?**

Use mouse on left so it is not as far from keyboard	√ X	
Source compact keyboard (no number pad)	√ X	Supervisor
Alternative mouse options (such as roller mouse)	√ X	Supervisor

Other/ Incomplete Reason; _____

G) **Other items**

Propped binder or document holders for data entry	√ X	Supervisor
Headset or speakerphone for telephone conversations	√ X	Supervisor
Screen moved perpendicular to windows to reduce glare	√ X	Supervisor
Remove lighting or blinds drawn to reduce glare	√ X	Supervisor

Other; _____
_____
_____
_____

Target date for implementation: _____   Follow up date: _____

Assessed Employee ID _____   Current date: _____

Evaluator Name: _____   Evaluator Signature: _____

Completed = √

Incomplete = X

Supervisor to approve