



Office Ergonomics Workstation Review

SAFETY CHECKLIST

Name

Department

Date

These survey questions only require a Yes/No answer. Please check the appropriate column. A response in the “YES” column requires no further action. A response in the “NO” column requires a recommendation be made to correct the condition. Also, give recommendation to person who is responsible for follow up.

Chair

DESCRIPTION	YES	NO	N/A
Is the height easily adjustable?			
Is the back rest adjustable:			
a. Up and down?			
b. Front to back?			
c. Does it provide support when leaning back?			
Is the seat pan:			
a. Comfortable?			
b. Front well rounded?			
c. Adjustable?			
Does the seat have arm rests?			
Are the arm rests comfortable?			

Footrest

DESCRIPTION	YES	NO	N/A
If needed, is a footrest available?			
Is it adjustable?			

Keyboard

DESCRIPTION	YES	NO	N/A
Is it detachable?			
Is the height adjustable?			
Does the height promote a neutral wrist position?			
Is wrist position and comfort maintained without a wrist support?			