ERGONOMIC ASSESSMENT CHECKLIST

Building an Ergonomic Program • Workplace Risk Identification

ASSESSMENT INFORMATION

Assessor Name: _____ Date: _____ Time: _____

Employee Name: _____ Job Title: _____

Department: _____ Workstation / Location: _____

Assessment Type: ☐ Initial ☐ Follow-up ☐ Annual Review ☐ Post-Injury

1 WORKSTATION LAYOUT & DIMENSIONS

	YES	NO	N/A
Work surface height allows neutral wrist and elbow position (elbows at ~90°)	☐	☐	☐
Adequate clearance under desk for legs and knees	☐	☐	☐
Frequently used items within easy reach (primary work zone)	☐	☐	☐
Work surface free of sharp edges or pressure points	☐	☐	☐
Sufficient surface area for tasks performed	☐	☐	☐
Anti-fatigue mat provided for standing workstations	☐	☐	☐

2 SEATING & SUPPORT

	YES	NO	N/A
Chair height adjustable – feet flat on floor or footrest	☐	☐	☐
Seat pan depth supports thighs without pressing behind knees	☐	☐	☐
Lumbar support properly positioned at lower back curve	☐	☐	☐
Armrests adjustable and do not interfere with desk access	☐	☐	☐
Chair moves freely (casters appropriate for floor type)	☐	☐	☐

3 MONITOR & SCREEN POSITION

	YES	NO	N/A
Top of screen at or slightly below eye level	☐	☐	☐
Monitor distance approximately arm's length (20–26 inches)	☐	☐	☐
Screen free from glare and reflections	☐	☐	☐
Text size comfortable to read without leaning forward	☐	☐	☐
Dual monitors positioned symmetrically for balanced neck posture	☐	☐	☐

4 KEYBOARD, MOUSE & INPUT DEVICES

	YES	NO	N/A
Keyboard positioned to keep wrists straight and neutral	☐	☐	☐
Mouse at same height as keyboard, close to body	☐	☐	☐
Wrist rest available (used during pauses, not while typing)	☐	☐	☐
Input devices do not require excessive force or repetitive gripping	☐	☐	☐
Document holder positioned between monitor and keyboard (if needed)	☐	☐	☐

5 POSTURE & BODY MECHANICS

	YES	NO	N/A
Employee maintains neutral spine alignment while working	☐	☐	☐
Shoulders relaxed – not elevated or rounded forward	☐	☐	☐
No sustained awkward postures (twisting, reaching overhead)	☐	☐	☐
Tasks allow regular position changes throughout the shift	☐	☐	☐
Proper lifting technique used (back straight, lift with legs)	☐	☐	☐

6 ENVIRONMENTAL FACTORS

	YES	NO	N/A
Lighting adequate for tasks – no excessive brightness or shadows	☐	☐	☐
Temperature and ventilation comfortable for work area	☐	☐	☐
Noise levels do not require raised voice for conversation	☐	☐	☐
Vibration exposure minimized (hand/arm and whole-body)	☐	☐	☐
Flooring in good condition – no tripping hazards	☐	☐	☐

7 WORK ORGANIZATION & PRACTICES

	YES	NO	N/A
Micro-breaks encouraged every 30–60 minutes	☐	☐	☐
Task variety or rotation reduces sustained repetitive motions	☐	☐	☐
Workload allows adequate recovery time between tasks	☐	☐	☐
Employee trained on ergonomic principles and self-adjustment	☐	☐	☐

OVERALL RISK LEVEL

RISK RATING: ☐ LOW ☐ MODERATE ☐ HIGH ☐ CRITICAL Priority Action Needed: ☐ Yes ☐ No

RECOMMENDED CORRECTIVE ACTIONS

SIGN-OFF

Assessor Signature: _____ Date: _____ Follow-up Date: _____

Employee Signature: _____ Date: _____ Supervisor Initials: _____

OSHA General Duty Clause – Section 5(a)(1) & OSHA Ergonomic Guidelines for Select Industries

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