

# UCSB BUSS, INJURY REDUCTION PROGRAM      COMPUTER WORKSTATION EVALUATION

Client \_\_\_\_\_ Phone: \_\_\_\_\_ Date \_\_\_\_\_  
 Dept: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Average Daily PC Use:  < 2 Hrs  2-4 hrs  >4 hrs  
 Discomfort:  Neck  Back  R/L Shoulder  R/L Elbow/Forearm  R/L Wrist/Hand  Eyes  None  
 Other \_\_\_\_\_

CHAIR	YES	NO	CHANGES MADE
Back supported/shoulders relaxed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back rest adjusted <input type="checkbox"/> Height adjusted
Seat depth/width OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Depth adjusted <input type="checkbox"/> Back adjusted <input type="checkbox"/> Arms adjusted
KEYBOARD/POINTER			CHANGES MADE
Elbows at 100-110 degree angle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Keyboard raised <input type="checkbox"/> Keyboard lowered <input type="checkbox"/> Chair adjusted
Wrists straight and level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Keyboard tilt adjusted
Keyboard centered / within easy reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Keyboard re-positioned
Pointer within easy reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pointer positioned within easy reach
MONITOR/DOCUMENTS			CHANGES MADE
Monitor in center front of user?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Repositioned to center front of worker
Viewing distance 18-30 inches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Repositioned to appropriate distance
Top of screen slightly below eye level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Height lowered ___" <input type="checkbox"/> Height raised ___"
Screen free of glare, reflections, or flicker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tilt/position adjusted <input type="checkbox"/> Blinds/lights adjusted <input type="checkbox"/> Refresh rate ↑
Documents positioned for easy viewing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Repositioned to reduce bending/turning of neck
TELEPHONE			CHANGES MADE
Is phone use concurrent with computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Avoid cradling headset <input type="checkbox"/> Use head sets
Phone within easy reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Phone positioned closer <input type="checkbox"/> Phone elevated/angled
WORKSTATION			CHANGES MADE
Materials positioned within close reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Files, notebooks, etc. repositioned
Leg clearance OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Boxes, equipment, etc. repositioned
Lighting OK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Screen repositioned <input type="checkbox"/> Lights dimmed <input type="checkbox"/> Blinds closed

**RECOMMENDED CHANGES:**  
**CHAIR:**  Use footrest  Aeropedic back cushion  Consider replacement  Visit Ergonomic Resource Center  
 E-mail for appointment.

**KEYBOARD/MOUSE:**  Install keyboard tray  Install corner sleeve  Mousemat  Angled mouse platform  Mousebridge  
 Standard wristrest  Low profile wristrest  
 Natural keyboard  Goldtouch  Mini keyboard  Roller Mouse  Alternative mouse \_\_\_\_\_

**MONITOR:**  Center in front of worker  Elevate \_\_\_"  Lower \_\_\_"  Use glare guard  Increase refresh rate  
 Reposition:

**COPYHOLDER:**  WorkRite 11"  WorkRite 17"  Humanscale  Fellows Booklift  Krist 9"  Krist 18"  Krist Writing Platform

**TELEPHONE:**  Head set  Position within close reach  Tilt stand

**WORKSTATION/LIGHTING:**  Reduce clutter under desk  Re-organize files  Consider new workstation  Remove overhead lamps  
 Install light filters  Use blinds/curtains  Use desk lamp

**WORK TECHNIQUES:**  Avoid leaning forward  Reduce keying force  Reduce mouse grip  Take stretch/visual breaks

**COMMENTS:**  
 \_\_\_\_\_  

\_\_\_\_\_ Evaluator
\_\_\_\_\_ Date

## UCSB BUSS, INJURY REDUCTION PROGRAM COMPUTER WORKSTATION FOLLOW-UP EVALUATION

### FOLLOW-UP INFORMATION

Employee: \_\_\_\_\_ Phone: \_\_\_\_\_ F/U Date: \_\_\_\_\_  
 Dept: \_\_\_\_\_ Evaluation Date: \_\_\_\_\_  
 Reason for Follow-up:  Routine  Received equipment  Concerns/issues  Other: \_\_\_\_\_

### FOLLOW-UP SUMMARY

<input type="checkbox"/> Equipment installation/set/up adequate <input type="checkbox"/> Instruction provided for proper use of equipment <input type="checkbox"/> Instruction provided for proper posture/work habits <input type="checkbox"/> Employee concerns addressed <input type="checkbox"/> Supervisor concerns addressed	<input type="checkbox"/> Employee satisfied with work station <input type="checkbox"/> Ongoing issues with workstation setup <input type="checkbox"/> Instructed to report discomfort to supervisor <input type="checkbox"/> Other: _____ _____
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EQUIPMENT/MODIFICATIONS	Ordered	Received	COMMENTS
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Seat cushion	<input type="checkbox"/>	<input type="checkbox"/>	
Back cushion	<input type="checkbox"/>	<input type="checkbox"/>	
Footrest	<input type="checkbox"/>	<input type="checkbox"/>	
Chair	<input type="checkbox"/>	<input type="checkbox"/>	
Keyboard tray	<input type="checkbox"/>	<input type="checkbox"/>	
Keyboard	<input type="checkbox"/>	<input type="checkbox"/>	
Pointing device	<input type="checkbox"/>	<input type="checkbox"/>	
Wristrest	<input type="checkbox"/>	<input type="checkbox"/>	
Mouse pad/mouse mat/mousebridge	<input type="checkbox"/>	<input type="checkbox"/>	
CRT/Flat panel LCD	<input type="checkbox"/>	<input type="checkbox"/>	
Monitor riser/arm	<input type="checkbox"/>	<input type="checkbox"/>	
Document holder	<input type="checkbox"/>	<input type="checkbox"/>	
Glare guard	<input type="checkbox"/>	<input type="checkbox"/>	
Task light/filters/bulbs	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone headset	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone tilt stand	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone repositioned	<input type="checkbox"/>	<input type="checkbox"/>	
Workstation	<input type="checkbox"/>	<input type="checkbox"/>	
CPU trolley	<input type="checkbox"/>	<input type="checkbox"/>	
CPU re-positioned	<input type="checkbox"/>	<input type="checkbox"/>	
Files/clutter re-organized	<input type="checkbox"/>	<input type="checkbox"/>	

### WORK HABITS/POSTURE

Improved posture observed  
 Taking recommended breaks

### FOLLOW-UP PLAN

Return for re-check       No follow-up required

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# The Workstation

## Ergonomic Image

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This is ErgoMan sitting at an Ergonomic Workstation.

