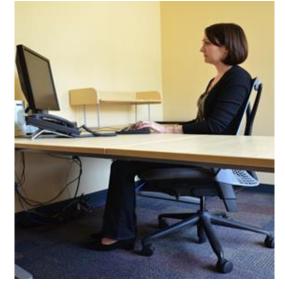
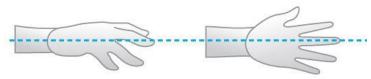


Ergonomic Self-Assessment

The Ergonomics Self-Assessment is best undertaken by two people e.g. with your supervisor or team member. This enables the person to sit at their workstation while a second person observes and helps them achieve the recommended posture.

Item	The Office Chair	Yes	No	N/A	Suggested Actions
1.	Are your thighs horizontal with a 90 to 110 degree angle at the hip? Thighs and hips should be roughly parallel to the floor.				Raise or lower the chair
2.	Can you adjust your seat height so that your feet are positioned flat on the floor? If this is not possible, your feet should be supported by a foot rest.				 Raise or lower the chair Use a footrest if necessary
3.	Does your chair provide support for your lower back? The chair's lumbar support should make contact with the small of your lower back.				Adjust chair back
4.	When your back is supported, you should be able to sit without feeling pressure from the chair seat on the back of your knees. You should be able to maintain a distance of one to two inches (or two finger widths) between the front edge of the seat pan and the back side of your knees.				Adjust seat panAdd a back support
5.	Do your armrests allow you to get close to your workstation?				Adjust armrests





Neutral wrist posture



Item	Keyboard and Mouse	Yes	No	N/A	Suggested Actions
6	Are your keyboard, mouse and work surface at your elbow height? Your hands, wrist, and forearms should be straight, in- line, and roughly parallel to the floor.				 Raise / lower workstation Raise or lower keyboard tray Raise or lower chair
7	Are frequently used items within easy reach? Phones and other frequently used items should be positioned within easy reach.				 Position frequently used items closer to your workstation
8	Place shoulders in a relaxed position with upper arms hanging at the side of the body.				 Raise/lower chair Raise/lower keyboard tray Raise/lower arm rests
9	Is your mouse comfortable to use?				 Rest your dominant hand by using your non- dominant hand for brief periods of time Investigate alternative mouse options



Ergonomic Self-Assessment

Item	Keyboard and Mouse	Yes	No	N/A	Suggested Actions
10	When using your keyboard and mouse, are your wrists straight and your upper arms relaxed? Your elbows should rest comfortably at your sides and be at about a 90 degree angle.				 Re-check chair, raise or lower as needed Check posture Check keyboard and mouse height Raise/lower keyboard tray to maintain a neutral hand posture (wrists in line with forearms) Add a keyboard tray if necessary
11	Is your mouse at the same level and as close as possible to your keyboard?				 Move mouse closer to keyboard Obtain larger keyboard tray if necessary Consider the use of a keyboard without a number pad
12	Is your monitor positioned directly in front of you?				Reposition monitor
13	Is your monitor positioned at least an arm's length away? Note: the monitor's location is dependent on the size of the monitor, the font, screen resolution and the individual user e.g. vision/use of bifocal spectacles etc.				 Reposition monitor Seek an alternative monitor if necessary e.g. flat screen that uses less space
14	Your line of sight should fall at or about the top 1 to 2 inches of your screen. You should be able to see the entire screen without having to move your head up or down.				 Add or remove monitor stand Adjust monitor height
18	Do you take postural breaks every 30 minutes? E.g. take a minute or two to stand and stretch, walk to printer / fax, go to restroom, etc.?				Set reminders to take breaks
19	Do you take regular eye breaks from looking at your monitor?				Refocus on picture on wall every 30 minutes
22	Are you using a headset or speakerphone if you are writing or keying while talking on the phone?				 Obtain a headset if using the phone and keyboard for a long period of time

<u>Following completion of this checklist, please discuss any concerns or requirements with your supervisor.</u> For questions about the ergonomic self-assessment form, please contact Adelisa Espinosa at X6127 or Jim Robbins at X3438. To request an ergonomic evaluation, please complete the "Request for Ergonomic Evaluation Form," available on the Solano County intranet, and submit it along with the "Ergonomic Self-Assessment Form."

Person Completing Assessment

Name	Position	
Signature	Date	

Supervisor

Name	Position				
Signature	Date				
Comments					