# Keene State College
# Ergonomic Assessment

| | |
|---|---|
| Name: | Assessor: |
| Department: | Pre-existing Condition? |
| Date reported | Date of Assessment: |

**Work**

| Task | Hours |
|---|---|
| How many hours a day does the person use the keyboard? | |
| How many hours a day using the mouse? | |
| How many hours a day is the person writing? | |
| How many hours a day is the person sitting? | |
| How many hours a day is the person working from a document? | |
| How many hours a day is the person on the phone? | |

**Chair**

| | Yes | No |
|---|---|---|
| Is the chair providing enough support? | | |
| Is the person sitting all the way back in the chair? | | |
| Are the person's thighs parallel to the floor? | | |
| Is the seat pan adjustable? | | |
| Are the armrests adjustable (if provided)? | | |
| Is the height of the chair adjustable? | | |

**Keyboard**

| | Yes | No |
|---|---|---|
| Is the keyboard adjustable for height? | | |
| Is the keyboard tilt adjustable? | | |
| Does the person have to reach in order to key? | | |
| When keying, are the persons forearms parallel with the ground? | | |
| When keying, are the persons wrist flexed? | | |

**Mouse**

| | Yes | No |
|---|---|---|
| Is the mouse the same height as the keyboard? | | |
| Does the user have to reach to use the mouse? | | |
| Are the users forearms parallel to the ground while mousing? | | |
| Does the user move the mouse with their wrist? | | |

**Monitor**

| | Yes | No |
|---|---|---|
| Is the monitor about an arms length away from the user? | | |
| Does the user have to flex their neck (up or down) to view the screen? | | |
| Does the user have to twist their body while keying in order to view the screen? | | |
| Does the monitor reflect light, presenting a glare problem? | | |

**Other**

| | Yes | No |
|---|---|---|
| Does the work area have sufficient lighting? | | |
| Is the work area organized so that commonly used items are easily reachable? | | |
| Does the employee know how to adjust their workstation (chair, monitor, keyboard tray…)? | | |
| Is the employee able to take frequent short breaks? | | |

**Additional Comments:**

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|---|
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**Employee Signature**_____
**Comments:**

**Assessor Signature**_____
**Comments:**

**Supervisor Signature**_____
**Comments:**