

**UNIVERSITY OF OREGON  
WORKSTATION ASSESSMENT FORM**

<b>Date:</b> _____	
<b>Name:</b> _____	<b>Ext.:</b> _____
<b>Job Title:</b> _____	<b>Department:</b> _____
<b>Supervisor:</b> _____	<b>Ext.:</b> _____

**Dominant Hand:**    Left    Right            **Glasses:**    Yes \_\_\_\_\_    No

<b>CHAIR</b>	<b>YES</b>	<b>NO</b>
Is it adjustable?	<input type="checkbox"/>	<input type="checkbox"/>
Does it fit?	<input type="checkbox"/>	<input type="checkbox"/>
Is it in proper working condition?	<input type="checkbox"/>	<input type="checkbox"/>
Are feet flat on the floor or on a footrest?	<input type="checkbox"/>	<input type="checkbox"/>
Are the thighs parallel to the floor or slightly sloped downward (seat pan tilted forward)?	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
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Recommendations: \_\_\_\_\_  
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<b>KEYBOARD &amp; INPUT DEVICE</b>	<b>YES</b>	<b>NO</b>
Is the keyboard at a comfortable height (shoulders relaxed, elbows at 90 degrees & neutral wrists)?	<input type="checkbox"/>	<input type="checkbox"/>
If necessary, can the keyboard height be adjusted?	<input type="checkbox"/>	<input type="checkbox"/>
Is the keyboard close to the employee (elbows at sides)?	<input type="checkbox"/>	<input type="checkbox"/>
Is keyboard flat or in negative angle tilt?	<input type="checkbox"/>	<input type="checkbox"/>
Is input device next to and on the same level as the keyboard?	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
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Recommendations: \_\_\_\_\_  
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<b>MONITOR</b>	<b>YES</b>	<b>NO</b>
Is the monitor centered in front of the keyboard and employee?		
Is the monitor at the correct height (employee looking straight ahead; not up or down)?		
Is the monitor at the correct distance from employee (for most, about an arm's length away)?		
If a document holder is necessary, is it centered between the monitor and keyboard?		

Comments: \_\_\_\_\_  
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Recommendations: \_\_\_\_\_  
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<b>DESK &amp; OTHER</b>	<b>YES</b>	<b>NO</b>
Can employee get close to desk without impedance?		
Is the working surface at a comfortable height?		
Are frequently used items (such as phone or 10 key) placed close to employee?		
Is the telephone used frequently or does employee use it for long periods?		
Does the employee have to bend or reach to get to filing cabinets?		
Is the lighting for the computer and/or desk comfortable?		
Is the employee frequently using large binders (if possible, use smaller binders to minimize gripping and handling larger ones)?		

Comments: \_\_\_\_\_  
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Recommendations: \_\_\_\_\_  
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Additional comments: \_\_\_\_\_  
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Additional recommendations: \_\_\_\_\_  
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**Evaluator:** \_\_\_\_\_ **Dept.:** \_\_\_\_\_ **Ext.:** \_\_\_\_\_