



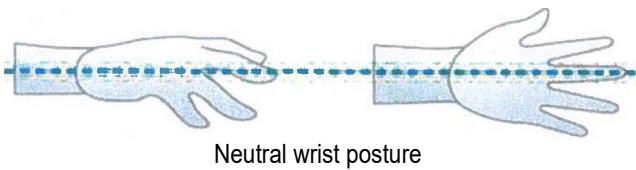
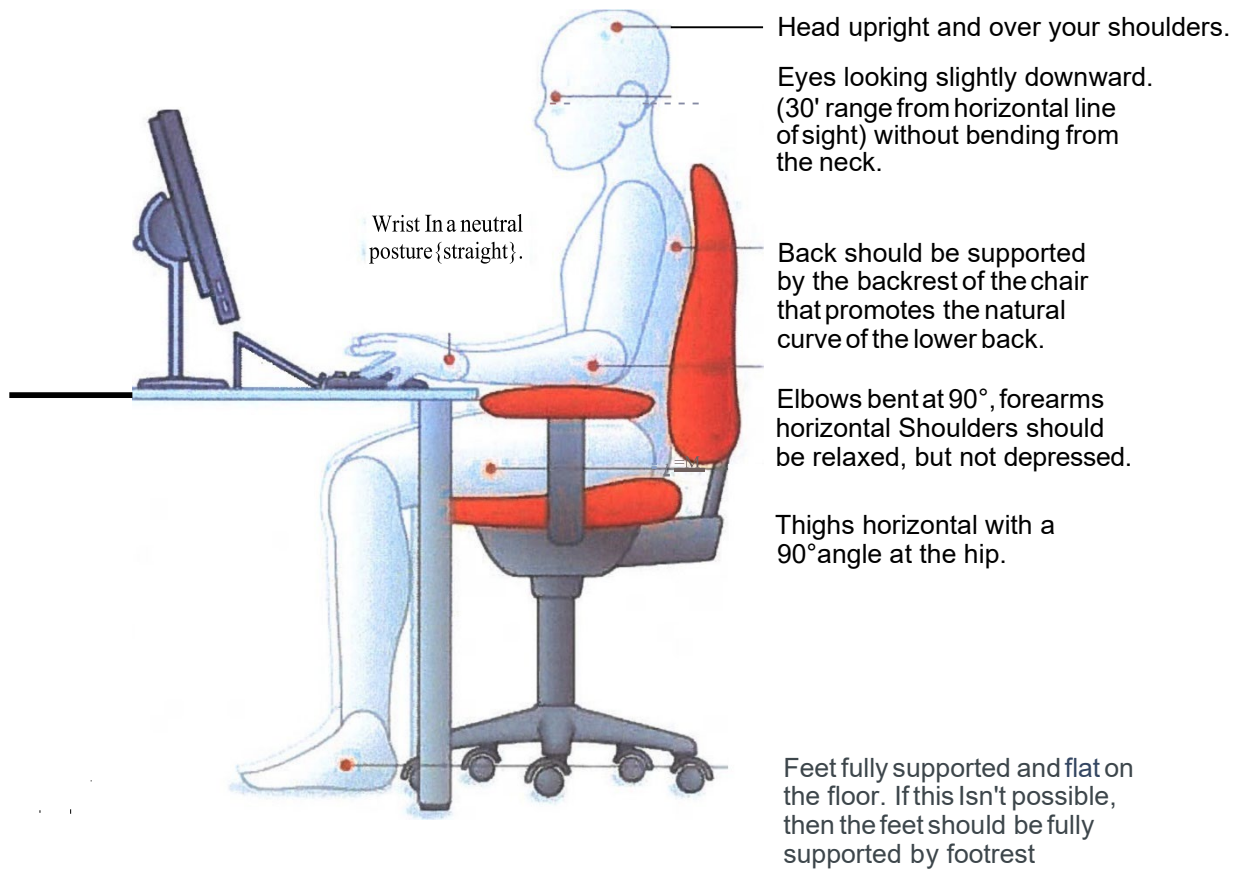
# City of Palm Springs Computer Workstation Ergonomics: Self-Assessment

<b>Name</b>		<b>Position</b>	
<b>Signature</b>		<b>Supervisor</b>	
<b>Date</b>		<b>Department</b>	
<b>Height</b>		<b>Chief Complaint</b>	

## Checklist

The goal of this self-assessment is to help you set up your workstation for optimal comfort and performance. Once this is completed, please forward to [safety@palmspringsca.gov](mailto:safety@palmspringsca.gov)

Item	The Office Chair	Yes	No	N/A
1.	Can the height, seat and back of the chair be adjusted to achieve the posture outlined below?			
2.	Are your feet fully supported by the floor when you are seated?			
3.	Does your chair provide support for your lower back?			
4.	When your back is supported, you able to sit without feeling pressure from the chair seat on the back of your knees?			
5.	Do your armrests allow you to get close to your workstation?			
6.	Are your keyboard, mouse, and work surface at your elbow height?			
7.	Are frequently used items within easy reach?			
8.	Is the keyboard close to the front edge of the desk allowing space for the wrist to rest on the desk surface?			



9.	When using your keyboard and mouse, are your wrists straight and your upper arms relaxed? <i>The keyboard should be flat and <u>not</u> propped up on keyboard legs as an angled keyboard may place the wrist in an awkward posture when keying.</i>			
10.	Is your mouse at the same level and as close as possible to your keyboard?			
11.	Is the mouse comfortable to use?			
<b>Item</b>	<b>Worksurface</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
12.	Is your monitor positioned directly in front of you?			
13.	Is your monitor positioned at least an arm's length <b>away</b> ?  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.			
14.	Is your monitor height slightly below eye level?			
15.	Is your monitor and work surface free from glare?			
16.	Do you have appropriate light for reading or writing documents?			
17.	Are frequently used items located within the usual work area and items which are only used occasionally in the occasional work area?			
<b>Item</b>	<b>Breaks</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
18.	Do you take postural breaks every 30 minutes? E.g., standing, walking to printer/ fax etc.?			
19.	Do you take regular eye breaks from looking at your monitor?			
20.	Is there a sloped desk surface or angle board for reading and writing tasks if required?			
21.	Is there a document holder either beside the screen or between the screen and keyboard if required?			
22.	Are you using a headset or speakerphone if you are writing or keying while talking on the phone?			
Following completion of this checklist, please email to <a href="mailto:safety@palmsspringsca.gov">safety@palmsspringsca.gov</a>				