

Stanford Linear Accelerator Center Ergonomic Workstation Checklist

Date: _____ Employee Name: _____ Ext./Pager: _____

Dept. of Employment: _____ Dept. #: _____ Bldg/Room: _____ / _____

Occupation: _____ Supervisor: _____ Analyst Name: _____

SLAC Employee Contractor Canceled Appointments: N/A 1 2 More than one kb/mouse Y N

Task Description: _____

Task Duration: <1/2 hr increments throughout day, <1 hr, 1-2 hrs, 3-4 hrs, >4 hrs, Other _____

CHAIR

	<u>N/A</u>	<u>Initial</u>	<u>Follow-up</u>
1. Seat height, pan, & back are adjustable? (pan optional).....	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
2. Seat back locks in vertical position?.....	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
3. Lumbar supported?.....	<input type="checkbox"/> y <input type="checkbox"/> n		<input type="checkbox"/> y <input type="checkbox"/> n
4. Center point of hip at same height or slightly higher than center point of knee?.....	<input type="checkbox"/> y <input type="checkbox"/> n		<input type="checkbox"/> y <input type="checkbox"/> n
5. 2-4" Space between back of knees and edge of chair?.....	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
6. Feet resting on floor or foot rest?.....	<input type="checkbox"/> y <input type="checkbox"/> n		<input type="checkbox"/> y <input type="checkbox"/> n
7. Clearance for legs under desk or work surface? (primary workstation).....	<input type="checkbox"/> y <input type="checkbox"/> n		<input type="checkbox"/> y <input type="checkbox"/> n
8. Armrests do not interfere with correct keyboard position?.....	<input type="checkbox"/> []	<input type="checkbox"/> y <input type="checkbox"/> n	<input type="checkbox"/> y <input type="checkbox"/> n

MONITOR

	<u>N/A</u>	<u>Initial</u>	<u>Follow-up</u>
9. Monitor is centered in front of operator?.....	<input type="checkbox"/> []	<input type="checkbox"/> y <input type="checkbox"/> n	<input type="checkbox"/> y <input type="checkbox"/> n
10. Task screen eye level is centered at a point 2-3" below the top of the monitor?.....	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
11. If bifocals are worn, then is the task screen positioned lower than previous question?.. []	<input type="checkbox"/> []	<input type="checkbox"/> y <input type="checkbox"/> n	<input type="checkbox"/> y <input type="checkbox"/> n
12. Distance between operator and monitor allows for focus (18-24")?.....	<input type="checkbox"/> []	<input type="checkbox"/> y <input type="checkbox"/> n	<input type="checkbox"/> y <input type="checkbox"/> n
13. Neither glare nor perceptible flicker are noticeable on the task screen?.....	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
14. Copyholder placed at same height as monitor during continuous typing/mouse work?.. []	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
15. If copyholder is used, is it placed on the same side as operator's dominant eye?..... []	<input type="checkbox"/> []	<input type="checkbox"/> y <input type="checkbox"/> n	<input type="checkbox"/> y <input type="checkbox"/> n

KEYBOARD/MOUSE

	<u>N/A</u>	<u>Initial</u>	<u>Follow-up</u>
16. Keyboard and mouse are <u>detached</u> from monitor & <u>centered</u> in front of operator?.....	<input type="checkbox"/> []	<input type="checkbox"/> y <input type="checkbox"/> n	<input type="checkbox"/> y <input type="checkbox"/> n
17. Keyboard and mouse lie flat on a work surface and at the same height?.....	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
18. Neutral back posture?.....	<input type="checkbox"/> []	<input type="checkbox"/> y <input type="checkbox"/> n	<input type="checkbox"/> y <input type="checkbox"/> n
19. Shoulders relaxed with arms resting at operator's sides?.....	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
20. Upper arm vertical, lower arm horizontal with a 90-95 degree bend in elbow?.....	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
21. Neutral wrist position?.....	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
22. Does operator use a wrist rest or mouse rest?.....	<input type="checkbox"/> []	<input type="checkbox"/> y <input type="checkbox"/> n	<input type="checkbox"/> y <input type="checkbox"/> n
23. Palms/wrists <u>NOT resting</u> on wrist rest or desk edge <u>while typing</u> ?.....	<input type="checkbox"/> []	<input type="checkbox"/> y <input type="checkbox"/> n	<input type="checkbox"/> y <input type="checkbox"/> n
24. Using soft key strike?.....	<input type="checkbox"/> []	<input type="checkbox"/> y <input type="checkbox"/> n	<input type="checkbox"/> y <input type="checkbox"/> n
25. Does operator practice a 1-min. work break for every 20-min. of typing/mouse work?	<input type="checkbox"/> []	<input type="checkbox"/> y <input type="checkbox"/> n	<input type="checkbox"/> y <input type="checkbox"/> n
26. While using a mouse/trackball does operator alternate between left and right hand?...	<input type="checkbox"/> []	<input type="checkbox"/> y <input type="checkbox"/> n	<input type="checkbox"/> y <input type="checkbox"/> n
27. Does operator use?..... [] Mouse, [] Trackball, [] N/A, [] Other _____			

TELEPHONE

	<u>N/A</u>	<u>Initial</u>	<u>Follow-up</u>
28. Located on side opposite of dominant hand?.....	<input type="checkbox"/> []	<input type="checkbox"/> y <input type="checkbox"/> n	<input type="checkbox"/> y <input type="checkbox"/> n
29. Phone held with hand and not with elevated shoulder?.....	<input type="checkbox"/> []	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
30. Phone close to operator, avoiding extended reach?.....	<input type="checkbox"/> []	<input type="checkbox"/> y <input type="checkbox"/> n	<input type="checkbox"/> y <input type="checkbox"/> n
31. Cumulative length of phone use each day? [] <1 hour, [] 1-4 hours, [] >4 hours, [] Other _____			

EQUIPMENT RECOMMENDATIONS

- | | | |
|-------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Wrist and/or Mouse Rest | <input type="checkbox"/> Glare Screen | <input type="checkbox"/> Chair: <input type="checkbox"/> w/ arms, <input type="checkbox"/> w/o arms |
| <input type="checkbox"/> Keyboard Tray w/ Adjust. Arm | <input type="checkbox"/> Copyholder | <input type="checkbox"/> Desk/Workstation |
| <input type="checkbox"/> Monitor Risers # _____ | <input type="checkbox"/> Foot Rest | <input type="checkbox"/> Headset |
| <input type="checkbox"/> Monitor Arm | <input type="checkbox"/> Back Support or Cushion | <input type="checkbox"/> Other: _____ |