

ERGONOMICS & WORKPLACE ASSESSMENT INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Desk and Workstation

- Yes No — Desk height allows for neutral wrist and arm position
- Yes No — Sufficient legroom and clearance under the work surface
- Yes No — Frequently used items are within easy reach
- Yes No — Work surface is stable and free of sharp edges

Seating and Chair

- Yes No — Chair height is adjustable and supports feet on floor
- Yes No — Lumbar support is present and properly positioned
- Yes No — Armrests do not interfere with desk access
- Yes No — Seat pan depth and width are appropriate for user

Monitor and Input Devices

- Yes No — Monitor is at eye level and arm's length distance
- Yes No — Screen is free from glare and reflections

Yes No — Keyboard and mouse are on the same level

Yes No — Input devices allow for neutral wrist alignment

Environment and Lighting

Yes No — Lighting is adequate for tasks without causing strain

Yes No — Noise levels are within acceptable limits for focus

Yes No — Temperature and airflow are comfortable for staff

Yes No — Floor surfaces are level and free of trip hazards

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately