OFFICE ERGONOMICS & WORKSTATION INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Chair and Seating

☐ Yes ☐ No — Chair height allows feet to rest flat on the floor

☐ Yes ☐ No — Lumbar support is adjusted to the lower back curve

☐ Yes ☐ No — Armrests allow shoulders to remain relaxed

☐ Yes ☐ No — Seat pan depth provides space behind the knees

Desk and Keyboard

☐ Yes ☐ No — Keyboard and mouse are at elbow height

☐ Yes ☐ No — Wrists remain straight during typing and mouse use

☐ Yes ☐ No — Frequently used items are within easy reach

☐ Yes ☐ No — Desk surface provides adequate leg clearance

Monitor and Visuals

☐ Yes ☐ No — Monitor is positioned at or slightly below eye level

☐ Yes ☐ No — Screen is approximately an arm's length away

☐ Yes ☐ No — Glare from windows or lights is minimized

☐ Yes ☐ No — Dual monitors are placed close together to reduce strain

Environment and Habits

☐ Yes ☐ No — Lighting is sufficient for tasks without causing strain

☐ Yes ☐ No — Cables are managed to prevent tripping hazards

☐ Yes ☐ No — Employee takes regular breaks to stretch and move

☐ Yes ☐ No — Noise levels are conducive to focused work

FINAL NOTES

Inspector Comments:

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_____

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

☐ **I confirm this inspection was completed accurately**