Office Ergonomic Workstation Assessment Checklist

Safety & Compliance

DATE	EMPLOYEE NAME	DESK / LOCATION
____ / ____ / _____		

CHAIR

	OK	ADJUST		OK	ADJUST
Feet flat on floor or footrest	○	○	Backrest supports lower back curve	○	○
Thighs horizontal, no pressure behind knees	○	○	Backrest recline slightly (100–110°)	○	○

Armrests allow shoulders to relax ☐ OK ☐ Adjust ☐ N/A

Seat pan depth allows 2–3 finger gap behind knees ☐ OK ☐ Adjust

DESK & CLEARANCE

	OK	ADJUST		OK	ADJUST
Desk at elbow height when seated	○	○	Frequently used items within easy reach	○	○
Adequate leg clearance under desk	○	○	Desk surface clear and organised	○	○

Document holder available ☐ OK ☐ Needed ☐ N/A

MONITOR

	OK	ADJUST		OK	ADJUST
Top of screen at or slightly below eye level	○	○	No glare or reflections on screen	○	○
Screen distance — arm's length away	○	○	Text size comfortable — no squinting	○	○
Screen directly in front, not angled	○	○			

Dual monitors at same height and angle ☐ OK ☐ Adjust ☐ N/A

KEYBOARD, MOUSE & LAPTOP

	OK	ADJUST
Keyboard flat or slightly negative tilt	○	○
Wrists straight — not bent up or down	○	○
Mouse next to keyboard, same height	○	○

Wrist rest used during pauses only ☐ OK ☐ Adjust ☐ N/A

Laptop on riser with external keyboard ☐ OK ☐ Needed ☐ N/A

ENVIRONMENT & BREAKS

Lighting adequate — no harsh shadows ☐ OK ☐ Adjust

	OK	ISSUE
Temperature comfortable	○	○
Noise level acceptable	○	○

YES	IMPROVE

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Regular breaks taken from screen *5–10 min break per hour of continuous screen work*	○	○
Eye rest breaks — look away from screen *20-20-20 rule: every 20 min, look 20 ft away, 20 sec*	○	○

ASSESSMENT OUTCOME

Adjustments made during assessment

Equipment requested

Occupational health referral needed ☐ No ☐ Yes — reason below

Referral reason

Employee signature

Assessor signature

Notes

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