

# Workplace Ergonomics Assessment Form

## Employee Information

Name

Department

Position

Email

Assessment Date

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## Workstation Assessment

Workstation Location

Chair

☐ Adjustable Height   ☐ Proper Lumbar Support   ☐ Stable Base

Desk

☐ Sufficient Space   ☐ Appropriate Height

Monitor

☐ Top at Eye Level   ☐ About Arm's Length Away   ☐ No Glare

Keyboard & Mouse

☐ Within Easy Reach   ☐ Wrists Straight   ☐ Proper Support

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## Environmental Assessment

Lighting

☐ Adequate Natural Light   ☐ No Glare   ☐ No Flicker

Temperature

☐ Comfortable   ☐ No Drafts

Other Issues

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## Risk Factors

- ☐ Discomfort   ☐ Pain   ☐ Frequent Reaching   ☐ Repetitive Movements  
☐ Awkward Postures

Other:

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## Recommendations / Actions

Recommendations

## Assessor Information

Assessor Name

Date