

Workplace Ergonomics Assessment Form

Employee Name

Date

Department

Assessor Name

Workstation Description

Chair

Is the chair adjustable?

Does the chair provide adequate support?

Desk

Is the desk height appropriate?

Is there adequate space under and on the desk?

Monitor

Is the monitor positioned at eye level?

Is the monitor at a comfortable viewing distance?

Accessories

Is the keyboard/mouse positioned correctly?

Lighting

Is the lighting adequate?

Additional Comments / Observations