



WORKSTATION ERGONOMIC GUIDELINES & ERGONOMIC EVALUATION FORM (933A)

The following ergonomic guidelines are designed to reduce discomfort and maintain productive work environments for employees who work in an office or work from home.

1. Chair	
Seat height	Adjust seat height so feet are flat on the floor or footrest, knees are bent at right angles and thighs are horizontal to floor.
Seat back	Adjust seat back so it supports the lumbar curve of the spine.
Seat pan depth	Adjust seat pan depth so seat cushion is about 1 - 4" from the backs of knees.
Seat pan tilt	Adjust seat pan tilt so hips and tops of thighs are at right angles or greater.
Armrest position	Adjust armrests so that they are out of the way while typing but may provide support during other activities (i.e. phone use, meetings, etc.).
2. Keyboard and Mouse	
Keyboard height	Adjust keyboard height so arms and forearms are at right angles or slightly greater and forearms and hands form straight lines.
Keyboard-to-user distance	Keyboard-to-user distance should allow user to relax shoulders with elbows hanging close to body.
Keyboard slope	Position keyboard a flat or slightly negatively sloped.
Mouse-to-user distance	Mouse should be directly next to the keyboard.
Mouse height	Adjust mouse so it is close to and on the same level as the keyboard.
3. Monitor	
Monitor height	Adjust monitor height so top of screen is at or slightly lower than eye level.
Screen-to-user distance	Viewing distance is approximately arm's distance away (16" - 28").
Monitor alignment w/ user	Monitor and keyboard should be placed directly in front of user.
Visual comfort of screen	Monitor should be positioned to avoid glare (perpendicular to window/ strong light source)
4. Work Environment and Work Surface	
Leg clearance at workstation	Width = 2" + hip width, Height= Highest point of thighs or higher, Depth= Allows proper sitting position while giving foot/knee clearance
Placement of frequently used items	Advise employee to keep frequently used items (i.e. phone) close at hand
General task lighting	Ensure lighting is not direct or overly bright.
5. Work Practices	
Frequency of microbreaks	Get out of chair at least once per hour, microbreak every 30 min of keyboarding
Keyboarding posture	Keep wrists straight, avoid supporting wrists on any surface while typing
Sitting posture	Upright or slightly reclined posture maintain hollow in lower back.
Phoning posture	Avoid tilting head/neck to cradle the phone. Use hand to hold receiver.
Alternate tasks	Break up long periods of continuous computer use by performing small tasks/ errands.

Note: If you have questions regarding these guidelines please contact Safety@cityoftulsa.org



306A WORKSTATION ERGONOMIC EVALUATION

IMPORTANT: IF EMPLOYEE ALREADY EXPERIENCES RSI SYMPTOMS OR INJURY, STOP HERE AND RECOMMEND EMPLOYEE'S SUPERVISOR CONTACT DR. BERRY FOR AN EVALUATION.

Employee Name: _____	Department: _____	Job Title: _____
Phone Number: _____	Location: _____	Evaluated By: _____
Supervisor: _____	Evaluation Date: _____	(If not self-evaluations)

<u>Chair</u>	Acceptable	Needs Improvement	<u>Evaluation Comments & Recommendations</u>
Seat height Seat back Seat depth Seat pan tilt Armrest position			
<u>Keyboard and Mouse</u>	Acceptable	Needs Improvement	
Keyboard height Keyboard-to-user distance Keyboard slope Mouse height Mouse-to-user distance			
<u>Monitor</u>	Acceptable	Needs Improvement	
Monitor height Monitor-to-user distance Monitor alignment w/ user Visual comfort of screen			
<u>Environment</u>	Acceptable	Needs Improvement	
Leg clearance at workstation Placement of frequently used items General/ task lighting			
<u>Work Practices</u>	Acceptable	Needs Improvement	
Frequency of microbreaks Keyboarding posture Sitting posture Phoning posture Alternate tasks			

<u>Required Items:</u>	<u>Proper Workstation Setup:</u>
<ul style="list-style-type: none"> Adjustable ergonomic chair Adjustable keyboard/mouse tray Lumbar support cushion Monitor riser Foot rest Mouse bridge Wristrest pad Anti-glare screen, or screen hood Reference document holder Slantboard for reading Telephone headset Office ergonomics training Other: _____ 	

Employee Signature: _____

Evaluator Signature: _____
(If not self-evaluation)

Note: This work station ergonomic evaluation is only valid for the particular employee and work station reviewed.