ERGONOMIC CHECK-LIST

_____
_____
_____
(Installation, Address and Date)

	OK	Not OK
1. Seat Pan Elevation		
2 .Seat Pan Slope		
3. Seat Pan Length		
4. Arm Rest Elevation		
5. Keyboard Elevation		
6. Monitor Elevation		
7. Document Holder Elevation		
8. Lumbar Support Elevation		
9. Mouse Position		
10.		
11. Correct Back Posture		
12. Extended Elbows		
13. Bent Wrists (Wrist Support)		
14. Tilted Head		
15. Bifocal Eye Glasses		
16. Extended Reaches		
17. Cradled Telephone		
18. Foot Rests		
19. Chair Clearance		
20.		
21. Work Surface Lighting		
22. Work Surface Height		
23. Chair - Five Legs		
24. Screen Glare		
25. Frequent Breaks (Recovery Time)		
26. Exercises (Computerized)		
27. Varied Work Tasks		
28. Eye Strain		
29.		
30.		
31. Reptitive Motions		
32. Heavy Lifts		
33. Proper Lifts		
34. Twisting		
35. Carrying Objects		
36. Keep Objects Close		
37. Bent Back		
38. Static Work		
39.		
40.		
41.		

	OK	Not OK
42. Mechanical Assists		
43. Dolly		
44. Standing Posture		
45. Foot rests		
46. Reaching		
47. Elbows Above Mid Torso		
48. Hands Above Shoulders		
49. Excessive Forces		
50. Arm Deviation (Twisting)		
51. Vibration		
52. Temperature		
53. Proper Tool Grip		
54. Heavy Tools		
55. Noise		
56. Clothing		
57.		
58.		
59.		
60. Stress		

CORRECTIVE ACTIONS & DATES:

Revised Oct 09