ERGONOMIC WORKSTATION ASSESSMENT FORM

PLEASE COMPLETE ALL REQUIRED FIELDS

HEALTH & SAFETY
Selkirk College

Full Name:			Date (mm/dd/yy):	
Length of Employment:			Campus:	
Have you had an assessment before?:	Age:	Height:	Gender:	Office Location:

PRE-ASSESSMENT

Proficient typist: Y N | Use numeric keypad: Y N | Dominant hand: R L | Corrective Lenses: Y N

Lenses: Computer Reading Bifocal Trifocal Progressive | Rest Breaks: _____ breaks/hr

Work computer use: _____ hrs/day | Home computer use: _____ hrs/day | Average phone use: _____ hrs/day

DISCOMFORT SURVEY

Pre-Assessment				
I experience discomfort here...			Slight	Moderate	Severe
Neck	L	R			
Upper Back	L	R			
Lower Back	L	R			
Eyes	L	R			
Shoulder	L	R			
Upper Arm	L	R			
Elbow	L	R			
Forearm	L	R			
Wrist	L	R			
Hand	L	R			
Hip	L	R			
Thigh	L	R			
Knee	L	R			
Foot	L	R			
Other:					

Post-Assessment				
I experience discomfort here...			Slight	Moderate	Severe
Neck	L	R			
Upper Back	L	R			
Lower Back	L	R			
Eyes	L	R			
Shoulder	L	R			
Upper Arm	L	R			
Elbow	L	R			
Forearm	L	R			
Wrist	L	R			
Hand	L	R			
Hip	L	R			
Thigh	L	R			
Knee	L	R			
Foot	L	R			
Other:					

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POST-ASSESSMENT SURVEY

Please complete 4-6 weeks after assessment					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The adjustments made to my workstation have been beneficial.					
Since my ergonomic assessment, I feel more comfortable at my workstation					
Since my ergonomic assessment, I feel more productive at my workstation					
Since my ergonomic assessment, my job satisfaction has improved.					