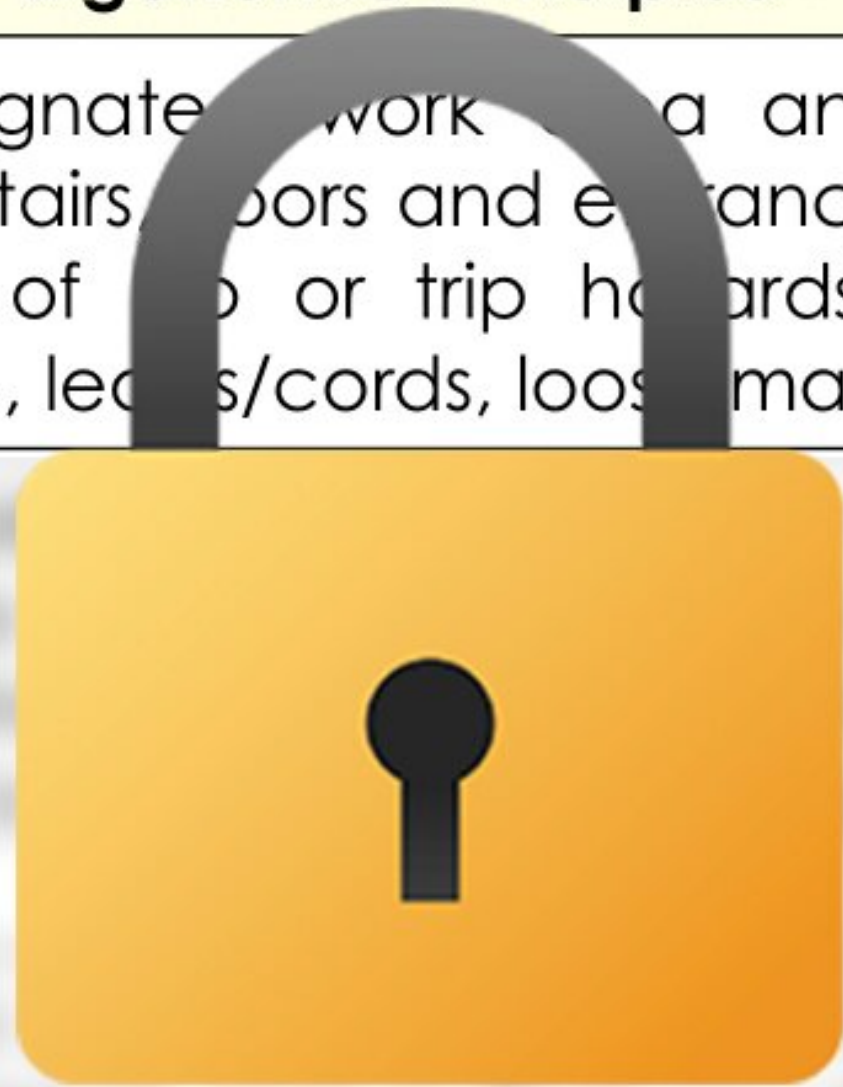


OFFICE ERGONOMICS CHECKLIST

Workplace Address:		Inspected By:		Date:	
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Checklist	Compliance	Actions Required / Comments	Actions Required By <small>(Responsible Person)</small>	Date Required
Ergonomic Principles				
1. Is the designated work area and accessways (including stairs, doors and entrances) kept clean and clear of trip or slip hazards especially clutter, spills, leads/cords, loose mats?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			



SAMPLE

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Checklist		Compliance			Actions Required / Comments	Actions Required By <small>(Responsible Person)</small>	Date Required
7.	Is the screen positioned at approximately an arm's length away from your usual seated position? (Trial and move closer / further away as your eyesight requires).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
8.	Is the screen placed in front of you to avoid glare or reflections from windows and overhead lights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			



SAMPLE

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Checklist		Compliance			Actions Required / Comments	Actions Required By (Responsible Person)	Date Required
	diagram below) and items used less frequently (e.g. in-trays) placed in the outer reach sector?						
15.	Are large or heavy reference books / folders that aren't used regularly stored in a nearby position where you must stand to access them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			



SAMPLE

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Checklist		Compliance			Actions Required / Comments	Actions Required By (Responsible Person)	Date Required
19.	If there are periods of long duration where uncomfortable postures or repetitive work is performed, are short and frequent breaks taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
20.	Are you able to organize work activities to regulate work tasks and meet work demands?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			



SAMPLE

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Checklist		Compliance			Actions Required / Comments	Actions Required By <small>(Responsible Person)</small>	Date Required
27.	Are you aware of who to contact for maintaining and exchanging a faulty headset?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			



SAMPLE

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