

**Ergonomic Adjustment Checklist – Employee Working Remotely**

|  |  |  |
| --- | --- | --- |
| **Employee Information** | | |
|  | | |
| **Name** | **Telephone Number** | **Email** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  |  |  |
| **Manager/Team Leader** | **Telephone Number** | **Email** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  |  |  |
| **Initial Adjustment** | **Date of Initial Adjustment** |  |
| Yes  No | Click or tap to enter a date. |  |

|  |
| --- |
| **Initial Contact** |

**STEP 1:** Contact employee by telephone or email to introduce yourself and explain the purpose of the ergonomic adjustment.

**STEP 2:** Ask the employee:

1. What types of discomfort they are experiencing, if any?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Neck |  |  | Shoulder blades |
|  | Shoulders |  |  | Mid-back |
|  | Forearms |  |  | Lower Back |
|  | Wrists |  |  | Legs |
|  | Fingers |  |  | Feet |

Other:

|  |
| --- |
| Click or tap here to enter text. |

1. What issues is the employee having with their current work set-up?

|  |
| --- |
| Click or tap here to enter text. |

1. Was an ergonomic adjustment or ergonomic assessment completed previously?

Yes  No

If yes, what modifications or recommendations were made?

|  |
| --- |
| Click or tap here to enter text. |

1. Is the employee currently, or was the employee previously, using any specialized equipment?

|  |
| --- |
| Click or tap here to enter text. |

If yes, does the employee have the specialized equipment at their remote work location?

Yes  No

**STEP 3:** Request the employee to take some pictures or a video of their remote workspace showing:

* Type of furniture and equipment being used;
* Layout of equipment;
* General posture employed while working
* Side view to show chair posture, keying height and monitor height

**STEP 4:** Arrange a time for ergonomic consultation once employee has provided the necessary pictures/video and measurements.

|  |
| --- |
| **Review of Employee Workspace** |

**STEP 5:** Review the pictures/video/information provided by the employee.

|  |  |  |  |
| --- | --- | --- | --- |
| **CHAIR** | **Resources:**  [Nine Steps for Properly Adjusting Your Chair](http://iservice.prv/eng/hr/ohs/topics/ergonomic/guide/nine_steps_chair.shtml) | | |
| **Item** | | **Comments and Actions** |
| Are the employee’s feet resting flat on the floor AND thighs parallel to the floor or with a slightly downward angle (hips to knees) when seated | Yes  No | * Raise/lower chair so feet are flat on floor and thighs parallel to the floor or with a slightly downward angle (hips to knees) * Use footrest if desk height requires an elevated chair (see Work Surface section below) |
| Is there appropriate space from the front edge of the seat pan to the back of the knee (about one fist width)? | Yes  No | * Ensure chair has a gently curved front edge on the seat pan. * Move seat pan forward / backward, as necessary. |
| Is the back rest is adjusted to an appropriate angle (110-130 degrees)? | Yes  No | * Adjust the angle of the back rest. |
| Does the chair have a extra lumbar support? | Yes  No | * If no, use a rolled towel to provide lumbar support |
| Is the lumbar support properly positioned? | Yes  No  N/A | * Raise/lower lumbar support. * If lumbar support is not adjustable independently of the seat back, raise/lower seat back. |
| Is there any space between the employee’s back and the back rest of the chair? | Yes  No | * Ensure back is being fully supported by the back rest and there are not spaces. * Arrange workstation to allow for full back support (e.g. position keyboard closer; bring monitor closer) * Lower armrests, or swing in or out (if equipped), if they are preventing the employee from sitting back fully. |
| Does the chair have armrests? | Yes  No |  |
| Are the armrests properly adjusted and provide adequate forearm support? | Yes  No  N/A | * Use armrests for short pauses from typing. * Adjust armrests to ensure shoulders are relaxed. * Adjust armrests |

|  |  |  |  |
| --- | --- | --- | --- |
| **WORKSTATION** | **Item** | | **Comments and Actions** |
| **Resources:**  [Ergonomic Tips for Working from Home](http://iservice.prv/eng/hr/ohs/topics/ergonomic/work-from-home.shtml)  [Adapting and Adjusting your Workstation](http://iservice.prv/eng/hr/ohs/documents/ergoadjust-e.pdf)  [Using the mouse](http://iservice.prv/eng/hr/ohs/topics/ergonomic/guide/using_mouse.shtml)  [Organizing Your Work](http://iservice.prv/eng/hr/ohs/topics/ergonomic/guide/organizing_work.shtml) | | |
| Is the work surface height adjustable? | Yes  No |  |
| Is the keyboard at approximately the same height as the employees elbows when working in a seated position? | Yes  No | * If keyboard is too low, raise work surface or raise keyboard to appropriate height (employee can use a box, books or other similar items. * If keyboard is too high, lower work surface or raise seat height (use a foot rest to ensure feet remain flat and thighs parallel to the floor) |
| Are the employee’s wrists flat (neutral), forearms parallel with the floor and shoulders relaxed when using keyboard, mouse or other input devices? | Yes  No | * Place mouse or other input device beside the keyboard and at the same height. Review [Using the mouse](http://iservice.prv/eng/hr/ohs/topics/ergonomic/guide/using_mouse.shtml). * Ensure adequate space for all input devices (either on desk or keyboard support). * Adjust keyboard and mouse to ensure wrists are a neutral position. * Retract keyboard “feet” so that the keyboard is flat. |
| Is there sufficient space for feet and knee clearance? | Yes  No | * Remove any clutter from under work surface. * Raise work surface to allow clearance for knees. |
| Is there sufficient space on the work surface for all of the employee’s devices? | Yes  No | * Determine necessary devices and review [Organizing Your Work](http://iservice.prv/eng/hr/ohs/topics/ergonomic/guide/organizing_work.shtml). * Move infrequently used items to a secondary surface. |
| Are there objects pressing into the employee’s skin (e.g. is the wrist being rested on the an edge/surface)? | Yes  No | * Move keyboard, input, or other device to the edge of the work surface to avoid resting hand/wrist on the edge. |
| Is there adequate lighting? | Yes  No | * If not enough light, use appropriate task lighting. |
| Is there sufficient space to move around the work area safely? | Yes  No | * Relocate work area to more suitable space. |
| **MONITOR** | **Resources:**  [Dual Monitors](http://iservice.prv/eng/hr/ohs/topics/ergonomic/guide/dual_monitors.shtml)  [Working with a Laptop](http://iservice.prv/eng/hr/ohs/topics/ergonomic/guide/working_laptop.shtml) | | |
| Is the monitor at the appropriate height? | Yes  No | * Raise/lower monitor so that eyes are in line with the top line of text. Monitor will need to be lower for bifocal wearers. |
| Is the monitor at the appropriate position and distance? | Yes  No | * Position monitor directly in front of user. If using dual monitors, review [Dual Monitors](http://iservice.prv/eng/hr/ohs/topics/ergonomic/guide/dual_monitors.shtml) for correct position. * Ensure monitor is an arm’s length away. |
| Is the primary or secondary monitor a laptop or tablet? | Yes  No | * Review [Working with a Laptop](http://iservice.prv/eng/hr/ohs/topics/ergonomic/guide/working_laptop.shtml) and [Dual Monitors](http://iservice.prv/eng/hr/ohs/topics/ergonomic/guide/dual_monitors.shtml) for appropriate use and position. |
| Is there glare on the monitor? | Yes  No | * Prevent glare by repositioning monitor or closing blinds. * Position monitor at right angles to window. |

|  |
| --- |
| **Observations and Concerns** |

**STEP 6:** Record your observations and concerns.

|  |
| --- |
| Click or tap here to enter text. |

|  |
| --- |
| **Ergonomic Consultation** |

**STEP 7:** Discuss your observations with the employee and advise employee on how to properly adjust their work space and equipment.

**STEP 8:** Review the importance of dynamic posturing throughout the day.

* Take short breaks frequently; get up and walk around
* [Stretch regularly](http://iservice.prv/eng/hr/ohs/documents/Ergo_Facts_Stretching_Exercises.pdf)
* Periodically look away from the screen to a farther distance.

**STEP 9:** Distribute handouts/resources.

|  |
| --- |
| **Post Consultation** |

**STEP 10:** Complete Ergonomic Adjustment Tracking Tool.

**STEP 11:** Follow up with employee within a week to see if further adjustments are necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Closeout** | | | |
|  | | | |
| **Ergonomic Coach Name** | **Telephone Number** | | **Date of Adjustment** |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap to enter a date. |
|  | | | |
| **Ergonomic Coach Signature:** | |  | **Date:** |
|  | |  | Click or tap to enter a date. |

**STEP 12:** Forward Ergonomic Adjustment Checklist to Manager

|  |  |  |
| --- | --- | --- |
| **Manager Comments and Actions** | | |
|  | | |
| Click or tap here to enter text. | | |
|  | | |
| **Manager Signature:** |  | **Date:** |
|  |  | Click or tap to enter a date. |