



# HOME OFFICE WORKSTATION CHECKLIST

### **Computer Workstation**

- 1. Is your chair in good condition and adjusted to the appropriate height (i.e., thighs parallel or knees slightly lower than the hips)?
- 2. Do you know how to adjust your chair for maximum comfort?
- 3. Is the small of your back adequately supported by a backrest?
- 4. Are your feet on the floor or fully supported by a footrest?
- 5. Do you have sufficient leg room at your desk?
- 6. Does the placement of your monitor and keyboard allow for a comfortable position (e.g., head looking forward, not turned to one side)?
- 7. Is it easy to read the text on your screen?
- 8. Is your computer screen free from noticeable glare at all times of the day?
- 9. Is the height of the monitor adjusted properly for a comfortable head/neck posture? (i.e., top of your screen at eye level lower for bifocal or trifocal users)
- 10. If needed, do you have a document holder is available to avoid awkward postures?
- 11. Is there space to rest your arms when not keyboarding?
- 12. When keying or using the mouse, are your elbows close to the body and your forearms close to parallel with the floor?
- 13. Are your wrists fairly straight when keying?
- 14. Are frequently used items (e.g., telephone) positioned within easy reach of your normal working position and is desk space adequate for the work?
- 15. If you need to connect and disconnect a laptop, are you able to do this without bending or crawling under your desk each time?



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### Workplace Environment

- 16. Is temperature, noise, ventilation, and lighting levels adequate for maintaining your normal job performance?
- 17. Is the work area free from all slip, trip and fall hazards?(e.g., ice and snow cleared from walkways, all interior and exterior stairs with four or more steps equipped with a handrail, file cabinets arranged so that drawers and doors do not open into walkways, or phone lines, electrical cords and extension wires secured?)
- 18. Is material stored in file cabinets/shelves properly to avoid over loading and tipping?
- 19. Is the work area free from all electrical and fire hazards? (e.g., frayed wires or excessive amounts of combustibles?)
- 20. Is the work area equipped with appropriate emergency systems?(e.g., a functioning smoke detector and carbon monoxide detector installed in the home, a working fire extinguisher and first aid kit nearby?)

### **Healthy Work Practices**

- 21. Do you take hourly breaks from your workstation to stretch and move about?
- 22. Do you stop at appropriate times to eat during the workday?
- 23. Do you ensure that you have daily contact with clients, co-workers, or your manager by phone or in person?
- 24. Do you regulate the hours you work so that you allow for adequate time off for family and/or personal recreation daily?
- 25. Do you engage in daily stop work ritual, such as turning off your computer and turning off your area light?
- 26. Do you keep your doors and windows closed and secured to prevent beak-ins, theft, and other forms of violence?





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Notes:

Signature

Date of Completion

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