

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 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 break-ins, theft, and other forms of violence?

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Notes:

Signature

Date of Completion

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Revised: March 2020