

Comfortable Workspace Checklist



Use this checklist to make sure each area of your workspace is adjusted correctly:

- Each box checked "**NO**" signals a potential risk
- Use the last column to jot down any notes or equipment needs
- When finished, you will have a list of areas that need attention

Refer back to the Comfortable Workspace Guide for instructions as needed. For those wanting more help with:

- Finding chairs and other equipment
- Resolving discomfort issues
- Specialized solutions

A **Remote Assessment** is designed to meet all of these needs and more at cascadeergonomics.com.

Check any areas where you notice discomfort while working



- | | | |
|---|--|--|
| <input type="checkbox"/> No discomfort | <input type="checkbox"/> L <input type="checkbox"/> R Finger | <input type="checkbox"/> L <input type="checkbox"/> R Shoulder |
| <input type="checkbox"/> Low Back | <input type="checkbox"/> L <input type="checkbox"/> R Thigh | <input type="checkbox"/> L <input type="checkbox"/> R Hands |
| <input type="checkbox"/> Mid Back | <input type="checkbox"/> L <input type="checkbox"/> R Foot | <input type="checkbox"/> L <input type="checkbox"/> R Hip |
| <input type="checkbox"/> Upper Back | <input type="checkbox"/> Neck | <input type="checkbox"/> L <input type="checkbox"/> Leg |
| <input type="checkbox"/> L <input type="checkbox"/> R Elbow | <input type="checkbox"/> Head | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> L <input type="checkbox"/> R Wrist | <input type="checkbox"/> Eyes | |

Comfortable Workspace Checklist

Head and Neck

Head and neck straight; avoid cradling phone between neck and shoulders

Shoulders

Shoulders relaxed at sides

Chair

- *Fully adjustable with lumbar support in the small of the back
- *Slight recline of 95-100 degrees
- *2-3 inches of space behind knees

Legs

- *Thighs parallel to floor, knees level with hips or slightly below

Monitor

Top line of screen level with eyes or 2-3 inches below the eyes

An arm's length away (18" - 34")



Keyboard

Same height as elbows or slightly below

Elbows

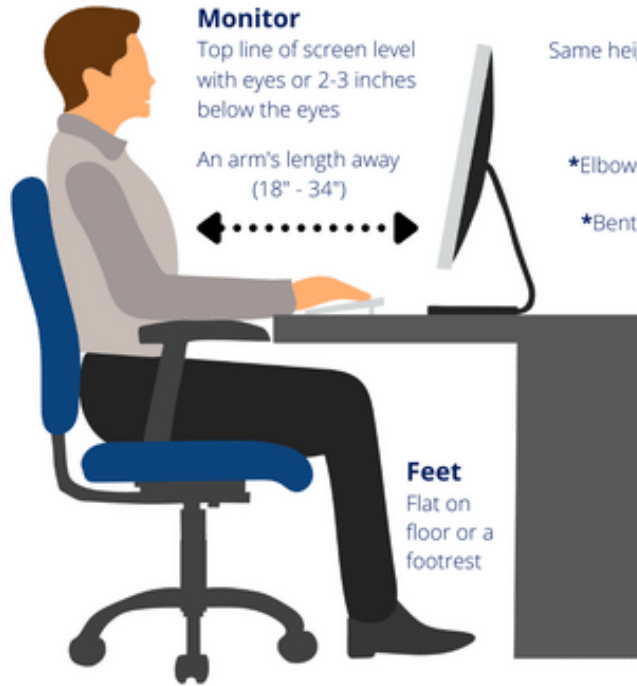
- *Elbows at sides, under shoulders
- *Bent 90-120 degrees

Forearms

Forearms parallel to floor, wrists mostly straight

Mouse

- *On same height surface as keyboard
- *Keep close



Take movement, hand and eye breaks every 20-30 minutes!

More Tips:

- If **armrests** are used, they should barely support arms without elevating the shoulders.
- If **bifocals or progressive lenses** are used, you may need to lower your monitor so that you do NOT tilt your neck upward to read the screen.
- Ensure proper **lighting** for reading and writing and that the screen and work area are free from glare.
- Use document holders, elevated writing surfaces or tablet holders as needed to keep the neck neutral vs. looking down



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Chair Adjustments

Notes

- | | | |
|--|---|----------------|
| 1. Lumbar spine properly supported? | <input type="checkbox"/> Yes <input type="checkbox"/> NO
<input type="checkbox"/> NA | -----
----- |
| 2. Middle to upper back supported when working upright? | <input type="checkbox"/> Yes <input type="checkbox"/> NO
<input type="checkbox"/> NA | -----
----- |
| 3. 2-3 inches of space behind knees? | <input type="checkbox"/> Yes <input type="checkbox"/> NO
<input type="checkbox"/> NA | -----
----- |
| 4. Feet resting squarely on floor or footrest? | <input type="checkbox"/> Yes <input type="checkbox"/> NO
<input type="checkbox"/> NA | -----
----- |
| 5. Knees Level with hips or slightly below? | <input type="checkbox"/> Yes <input type="checkbox"/> NO
<input type="checkbox"/> NA | -----
----- |
| 6. Armrests barely support arms without elevating shoulders/or armrests are removed? | <input type="checkbox"/> Yes <input type="checkbox"/> NO
<input type="checkbox"/> NA | -----
----- |
| 7. Shoulders relaxed, elbows near sides, not reaching outward? | <input type="checkbox"/> Yes <input type="checkbox"/> NO
<input type="checkbox"/> NA | -----
----- |
| 8. Proper casters: Hard casters for carpet, soft casters for hard floors? | <input type="checkbox"/> Yes <input type="checkbox"/> NO
<input type="checkbox"/> NA | -----
----- |
| 9. Is chair comfortable? | <input type="checkbox"/> Yes <input type="checkbox"/> NO
<input type="checkbox"/> NA | -----
----- |
| 10. Is client familiar with all chair adjustments? | <input type="checkbox"/> Yes <input type="checkbox"/> NO
<input type="checkbox"/> NA | -----
----- |

Desk Adjustments

Notes

1. Chair raised until forearms are parallel to floor or slightly downhill for typing?

☐ Yes ☐ NO

☐ NA

2. If using an adjustable height desk, is desk height set so that forearms are level or slightly downhill?

☐ Yes ☐ NO

☐ NA

3. Elbows relaxed at sides and bent 90-120 degrees?

☐ Yes ☐ NO

☐ NA

4. Wrists fairly straight?

☐ Yes ☐ NO

☐ NA

5. Forward reaching at the shoulders and uphill reaching at the forearms are avoided?

☐ Yes ☐ NO

☐ NA

Keyboard & Mouse Adjustments

Notes

1. Keyboard and mouse centered directly in front of client?

☐ Yes ☐ NO

☐ NA

2. Keyboard and mouse both sit on the same height surface?

☐ Yes ☐ NO

☐ NA

3. Keyboard and mouse moved close to front edge of desk to avoid reaching?

☐ Yes ☐ NO

☐ NA

4. Wrist support used to keep wrists straight and to cushion palms if needed?

☐ Yes ☐ NO

☐ NA

5. Keyboard proper size and shape for client?

☐ Yes ☐ NO

☐ NA

6. Mouse fits hand and is comfortable to use?

☐ Yes ☐ NO
☐ NA

7. Mouse is used without reaching way out to one side?

☐ Yes ☐ NO
☐ NA

8. Hands remain relaxed when using mouse?

☐ Yes ☐ NO
☐ NA

9. Hand and wrist remain free from uncomfortable desktop pressure?

☐ Yes ☐ NO
☐ NA

10. Mouse is used without excessive side to side wrist motion?

☐ Yes ☐ NO
☐ NA

Monitor Adjustments

Notes

1. Eyes level with top line of screen or 2-3 inches below?

☐ Yes ☐ NO
☐ NA

2. Monitor angled backward slightly or vertical?

☐ Yes ☐ NO
☐ NA

3. Monitor approximately one arm's length away (18-34")

☐ Yes ☐ NO
☐ NA

4. Head and neck straight?

☐ Yes ☐ NO
☐ NA

5. Main monitor or dual monitors centered directly in front of user?

☐ Yes ☐ NO
☐ NA

6. Single or multiple monitors positioned to minimize neck rotation?

☐ Yes ☐ NO
☐ NA

Eyes and Lighting

Notes

1. Lighting is adequate for reading and writing?

☐ Yes ☐ NO
☐ NA

2. Screen and workspace are free from glare?

☐ Yes ☐ NO
☐ NA

3. Eyes are free from digital eye strain: Fatigue, blurriness, soreness, watering or dryness?

☐ Yes ☐ NO
☐ NA

Accessories

Notes

1. Document holder, tablet holder or writing surface used if needed to prevent downward neck bending?

☐ Yes ☐ NO
☐ NA

2. Neck remains straight while talking on phone (no bending of neck to cradle phone)?

☐ Yes ☐ NO
☐ NA

3. Desk organized to avoid extreme or repetitive reaching?

☐ Yes ☐ NO
☐ NA

Movement

Notes

1. Attempts to change posture or take movement breaks one or more times per hour?

☐ Yes ☐ NO
☐ NA

2. Attempts to rest hands at least 1-2 times per hour?

☐ Yes ☐ NO
☐ NA

3. Attempts eye breaks (every 20 minutes look 20 feet away for 20 seconds)?

☐ Yes ☐ NO
☐ NA

