



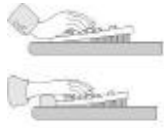
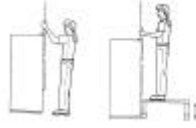

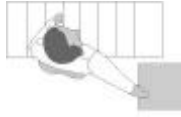









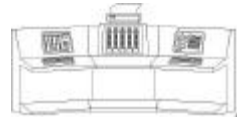



# WORKSTATION CHECKLIST

(Adapted from NIOSH Elements of Ergonomics Programs – Toolbox Tray 5-C)  
Modified by EWI Works – February, 2002

| “NO” Responses indicate potential problem areas that should receive further investigation. |  |   | YES                      | NO                       |
|--|--|---|--------------------------|--------------------------|
| 1. Does the workspace allow for full range of movement?                                    | 1.     | 2.     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are mechanical aids and equipment available?  |  |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the height of the work surface adjustable?   | 3.     | 4.     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Can the work surface be tilted or angled?   |  |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the workstation designed to reduce or eliminate:                                     |  |   |                          |                          |
| a) Bending or twisting at the wrist?   | a)     | b)     | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Reaching above the shoulder?  |  |   | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Muscle loading?   | c)     |   | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Extension of the arms?  | d)    | e)    | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Raised elbows?  |  |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are the workers able to vary posture?   | 6.   | 7.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are the hands and arms free from sharp edges on work surfaces?                          |  |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is an armrest provided where needed?  | 8.   | 9.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is a footrest provided where needed?  |  |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is the floor surface free of obstacles and flat?                                       | 10.  | 11.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are cushioned floor mats provided for employees required to stand for long periods?    |  |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are chairs or stools easily adjustable and suited to the task?                         | 12.  | 13.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have workers been trained to use the chairs?   |  |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are all task elements visible from comfortable positions?                              | 14.  | 14.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is there a preventative program for mechanical aids, tools, and other equipment?       |  |   | <input type="checkbox"/> | <input type="checkbox"/> |