

HEALTH and SAFETY PROGRAM

Workstation Evaluation - Pre-Questionnaire

Requestor's Name: _____ Phone: _____

Division/Branch/Unit: _____

Workstation Location: _____

Supervisor: _____

To assist us in evaluating your workstation, we request that you answer the following questions as completely and accurately as possible. Please return this questionnaire to Bryan Landis, Chief Health and Safety Officer or your designated ergonomic representative so that we may schedule your workstation evaluation.

Questions About Your Workstation

1. **Which definition best describes your workstation:**

Standard workstation

Clerical workstation

Stand alone desk

Portable workstation

Other: _____

2. **What best describes the light condition in your office?**

Adequate

Inadequate

3. **Are you located close to a window?**

Yes

No

4. **Do you use supplemental light other than what is provided as part of your workstation?**

Yes

No

5. **In your opinion, is there glare on your monitor screen? If yes, is this a problem for your routine tasks?**

Yes

No

6. **Do you currently have a glarescreen, if so what kind?**

Yes

No

7. **What type of monitor do you have?**

Standard size

Large screen size

Laptop

Other _____

8. **What type of chair are you currently sitting in?**

Standard issue swivel chair (PIA)

Task chair

Don't know

Other _____

9. **Where is your computer processing unit (CPU) located?**

Horizontal (work surface mount)

Vertical (work surface mount)

Floor tower mount (left or right)

Other _____

10. **Where is your monitor mounted?**

On the CPU

On the work surface

On an adjustable platform

Other _____

11. **How is your keyboard supported?**

On work surface

On an adjustable keyboard support

Other surface, (describe)

12. **Do you use a wrist rest?**

Yes

No

13. **Do you use a footrest?**

Yes

No

14. **Do you use a copy holder?**

Yes

No

15. **Do you use any of the following special equipment?**

Head set

Phone amplifier

Anti-static mat

16. **Do you use any other equipment not mentioned in this survey?
Please describe:**

Questions About You

1. **Are you right or left handed?**

Right-handed

Left-handed

2. **On the average how many cumulative hours per day do you spend at the keyboard?**

0-1

2-3

4-5

6-7

8-9

3. **How often do you take breaks from computer use?**

Once an hour

Once every two hours

Once every four hours

Never

4. **Do you wear corrective lenses while keyboarding?**

Yes

No

5. ***Are you experiencing discomfort which you feel may be associated with use of your computer or setup of your workstation? If so, briefly describe the discomfort.***
