

Name : _____

Date : _____

Evaluator : _____



1. Does the chair positively support the body?

Yes No



2. Are the wrists/hands/forearms aligned? Are the shoulders relaxed?

Yes No



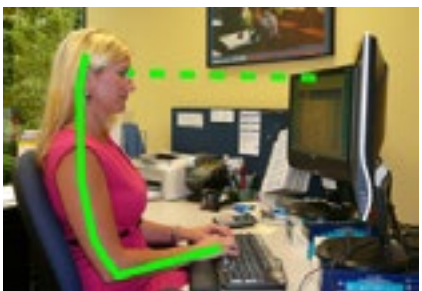
3. Is the mouse kept inside the "Mouse Zone"?

Yes No



4. Is the mouse on the same plane as the keyboard?

Yes No



5. Is the top of the screen adjusted to sitting eye height?

Yes No



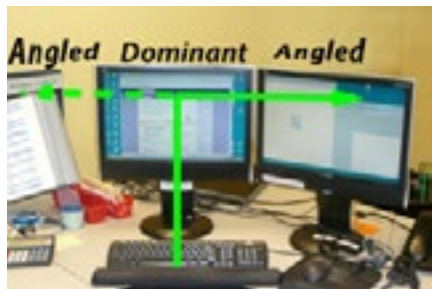
6. Is a document holder being used?

Yes No



7. If monitors are equally viewed, are the screens split and angled?

Yes No



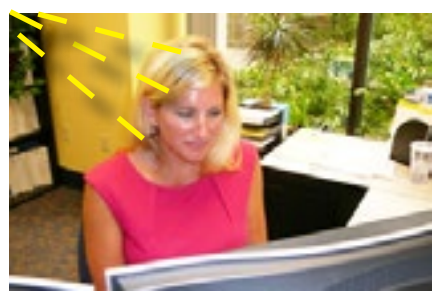
8. If one monitor is used more than 60% of the time, is it centered?

Yes No



9. Is a headset being used for the phone?

Yes No



10. Is work area free from glare? The screen should be 3X brighter than overhead lights.

Yes No