



Ergonomic Assessment Checklist

 Show only Checklist

Display Style
Default 

Workstation Setup

Evaluates the basic layout and arrangement of the workstation to minimize awkward postures and reach distances.

Work Surface Height (inches)

Enter a number...

Chair Height (inches)

Enter a number...



Distance from monitor to eye (inches)

Enter a number...

Monitor Position (Relative to User)

- ☐ Directly in front
- ☐ Slightly to the left
- ☐ Slightly to the right
- ☐ Angled
- ☐ Other (specify)

Keyboard Placement

- ☐ Positioned flat and stable
- ☐ Angled (positive or negative)
- ☐ Requires excessive reach
- ☐ Other (specify)

Workstation Accessories Present?

- ☐ Footrest
- ☐ Wrist rest
- ☐ Document holder
- ☐ Keyboard tray
- ☐ None

Describe any specific workstation layout concerns

Write something...

Material Handling

Assesses the methods used to move and position materials, considering weight, frequency, and distance.

Maximum Weight Lifted (kg/lbs)

Enter a number...

Average Distance Materials are Moved (meters/feet)

Enter a number...

Method of Material Handling (Check all that apply)

- ☐ Manual Lifting
- ☐ Forklift
- ☐ Cart/Hand Truck
- ☐ Conveyor System
- ☐ Other (Specify)

Describe any assistive devices used for material handling:

Write something...

What is the typical frequency of material handling tasks?

- ☐ Rarely
- ☐ Occasionally
- ☐ Frequently
- ☐ Constantly

Are materials stored within easy reach?

- ☐ Yes
- ☐ No
- ☐ Partially

Describe any observed awkward postures or movements during material handling:

Write something...

Repetitive Tasks

Examines tasks involving repetitive motions, force, and duration to identify potential strain risks.

Repetitions per Minute (RPM)

Enter a number...

Cycle Time (seconds)

Enter a number...

Force Level (Low, Medium, High)

- ☐ Low
- ☐ Medium
- ☐ High

Detailed Description of Repetitive Task

Write something...

Body Parts Involved (check all that apply)

- ☐ Wrist
- ☐ Elbow
- ☐ Shoulder
- ☐ Back
- ☐ Neck
- ☐ Fingers
- ☐ Hands

Task Duration (Approximate)

- ☐ Less than 15 minutes
- ☐ 15 - 30 minutes
- ☐ 30 - 60 minutes
- ☐ More than 60 minutes

Observed Posture During Repetitive Task (describe in detail)

Write something...

Posture and Body Mechanics

Evaluates the postures adopted during tasks and the use of proper lifting and movement techniques.

Typical Static Posture (e.g., bent back, forward head)?

- ☐ No
- ☐ Yes - Forward Head
- ☐ Yes - Bent Back
- ☐ Yes - Stooped Shoulders
- ☐ Yes - Other (Specify in Long Text)

Describe any observed postural deviations or concerns.

Write something...

Estimated percentage of time spent in a potentially awkward posture.

Enter a number...

Are lifting techniques being used correctly?

- ☐ Yes
- ☐ No
- ☐ Not Observed

Which of the following bending techniques are commonly observed (check all that apply)?

- ☐ Proper Leg Bend
- ☐ Rounding of the Back
- ☐ Twisting While Lifting
- ☐ Lifting with Arms
- ☐ Neutral Spine

Describe any observed improper lifting or carrying techniques.

Write something...

Is employee aware of the risk of repetitive motions and proper techniques?

☐ Yes

☐ No

☐ Unsure

Tools and Equipment

Assesses the design and suitability of tools and equipment used by employees.

Are tools adjustable to accommodate different users?

☐ Yes

☐ No

☐ Not Applicable

Weight of commonly used tool (in kg/lbs)

Enter a number...

Which grip types are available for frequently used tools?

- ☐ Padded
- ☐ Rubberized
- ☐ Standard
- ☐ Ergonomic
- ☐ Other (Specify in LONG_TEXT)

If 'Other' grip type was selected above, please specify:

Write something...

Are power tools equipped with vibration dampening?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Upload a photo of a typical workstation tool setup (for context)

 Upload File

Force required to operate a specific tool (N/lbs)

Enter a number...

Lighting and Environment

Evaluates the lighting conditions, noise levels, and other environmental factors that can impact ergonomics.

Ambient Light Level (Lux)

Glare Assessment (Severity)

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Uniformity of Illumination

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Noise Level (dBA)

Enter a number...

Environmental Hazards Present

- ☐ Extreme Temperatures
- ☐ Vibration
- ☐ Poor Air Quality
- ☐ Dust/Fumes
- ☐ None

Comments on Lighting & Environment

Write something...

Employee Training & Awareness

Checks for adequate training on ergonomic principles and awareness of risk factors.

Has the employee received ergonomic training?

- ☐ Yes
- ☐ No
- ☐ Needs Training

Date of last ergonomic training

Enter date...

Brief description of the ergonomic training provided.

Write something...

Which ergonomic topics were covered in training?

- ☐ Proper Lifting Techniques
- ☐ Workstation Setup
- ☐ Repetitive Strain Injury (RSI) Awareness
- ☐ Posture and Body Mechanics
- ☐ Tool Usage
- ☐ Reporting Concerns

Does the employee understand how to adjust their workstation?

- ☐ Yes
- ☐ No
- ☐ Unsure

Employee comments/concerns regarding ergonomic training.

Write something...

Work Organization & Scheduling

Reviews work schedules and job rotation practices to minimize fatigue and repetitive strain.

Average Work Shift Length (hours)

Enter a number...

Number of Breaks per Shift

Enter a number...

Is Job Rotation Implemented?

☐

Yes

☐

No

☐

Not Applicable

Describe Job Rotation Schedule (if implemented)

Write something...

Are Work Schedules Flexible?

- ☐ Yes
- ☐ No
- ☐ Limited Flexibility

Describe any work organization challenges impacting ergonomics

Write something...

Date of Last Work Schedule Review

Enter date...