

Ergonomic Workspace Assessment

Company Name: _____

Employee Name: _____

Job Title: _____

Date: _____

Location: _____

Work Activities:

Employee Concerns:

Workstation Check Points	Correct	Incorrect	N/A	Comments
Chair Height				
Arm Support				
Desk Height				
Keyboard Position				
Monitor Position				
Phone Position				
Mouse Position				



Calculator Position				
Paperwork Position				
Arm/Wrist Position				
Leg/Feet Position				

Observations:

Recommendations:

Inspected by: _____ Date: _____

Role/Title of Inspector: _____

KEMI does not assume liability for the content of information contained herein. Safety and health remain your responsibility. This information is to be used for informational purposes only and not intended to be exhaustive or a substitute for proper training, supervision or manufacturers' instructions/recommendations. KEMI, by publication of this information, does not assume liability for damage or injury arising from reliance upon it. Compliance with this information is not a guarantee or warranty that you will be in conformity with any laws or regulations nor does it ensure the absolute safety of any person, place or object, including, but not limited to, you, your occupation, employees, customers or place of business.