



Office Assessment Summary Report

Date of Assessment: _____

Company: _____

Evaluator: _____

Contact: _____

Location: _____

Individual Factors

Name: _____ Job Title: _____

Graduated Lens: Yes No

Dominant hand _____

Years of Service: _____

Task Demands

Tasks/nature of work:

Discomfort

Subjective reports of discomfort/ concern

Are there any specific tasks the worker relates the discomfort with?

Workstation Setup

Items currently present at the station include;

Foot rest	<input type="checkbox"/>	Headset	<input type="checkbox"/>	# of Monitors	
Keyboard Tray	<input type="checkbox"/>	Std Mouse	<input type="checkbox"/>	Monitor riser for #1	<input type="checkbox"/>
Document holder	<input type="checkbox"/>	Alt. Mouse	<input type="checkbox"/>	Monitor riser #2	<input type="checkbox"/>

Other/ Comments _____

Workstation Parameter	Status/Modified		Ideal Set up acheived?	Details/ Changes made On Site	
	Yes	No			
Chair					
Is the chair adjusted to best fit worker?	<input type="checkbox"/>	<input type="checkbox"/>			
Backrest Height/Angle	<input type="checkbox"/>	<input type="checkbox"/>			
Height	<input type="checkbox"/>	<input type="checkbox"/>			
Armrests	<input type="checkbox"/>	<input type="checkbox"/>			
Seat Pan Depth/ Angle	<input type="checkbox"/>	<input type="checkbox"/>			
Other:	<input type="checkbox"/>	<input type="checkbox"/>			
Footrest					
Should it be used?	<input type="checkbox"/>	<input type="checkbox"/>			
Keyboard/Mouse tray					
Too High/ Low	<input type="checkbox"/>	<input type="checkbox"/>			
-ve / +ve angle	<input type="checkbox"/>	<input type="checkbox"/>			
Keyboard/ Mouse					
Technique: Anchoring at wrists?	<input type="checkbox"/>	<input type="checkbox"/>			
Monitor					
Too High/ Low	<input type="checkbox"/>	<input type="checkbox"/>			
Challenges due to lenses?	<input type="checkbox"/>	<input type="checkbox"/>			
Relocated	<input type="checkbox"/>	<input type="checkbox"/>			
Document Holder					
Do they use it?	<input type="checkbox"/>	<input type="checkbox"/>			
Relocated	<input type="checkbox"/>	<input type="checkbox"/>			
Telephone					
Do they cradle the phone?	<input type="checkbox"/>	<input type="checkbox"/>			
Do they have a headset?	<input type="checkbox"/>	<input type="checkbox"/>			
Recommendations					
<i>Items recommended include;</i>					
Foot rest	<input type="checkbox"/>	Relocate/Remove tray	<input type="checkbox"/>	Monitor riser	<input type="checkbox"/>
Alt. Chair	<input type="checkbox"/>	Alt. Keyboard	<input type="checkbox"/>	Document holder	<input type="checkbox"/>
		Alt. Mouse	<input type="checkbox"/>		
Headset	<input type="checkbox"/>				
Relocate telephone	<input type="checkbox"/>				