The GNWT is committed to improving the health, wellness and safety of its employees. Although office environments don't present the same physical hazards as industrial worksites, safety measures can be taken to help prevent common pains and strains created by working in an office environment. Being aware of these safety issues and making some small adjustments can help you avoid common office-related discomforts and injuries.

These checklists highlight key aspects of good ergonomic practices and office safety. The Ergonomics checklist is a self assessment tool to help you with small adjustments resulting in a healthy workstation set-up. If most of your responses are “no”, visit [www.ccohs.ca/healthyworkplaces/topics/ergonomics.html](http://www.ccohs.ca/healthyworkplaces/topics/ergonomics.html) or download “How To Make Your Computer Workstation Fit You” from [www.worksafebc.com](http://www.worksafebc.com) for potential solutions. If you still have questions, please contact your divisional OHSC representative who can bring your concerns to the GNWT OHS Committee.

**Ergonomics Checklist** *Source:* [*http://ohs.uvic.ca/occupational\_health/selfinspectchecklist.pdf*](http://ohs.uvic.ca/occupational_health/selfinspectchecklist.pdf)

|  |  |  |
| --- | --- | --- |
| **TARGET AREA** | YES | NO |
| HEAD AND NECK |
| * Have you adjusted your *monitor* so the top line of text is near eye level?
 |  |  |
| * Is the distance between your eyes and the *screen* about an arm’s length?
 |  |  |
| * If you use a *document holder*, is it close to or directly in front of your monitor?
 |  |  |
| * If you frequently use the *phone*, have you considered wearing a headset?
 |  |  |
| BACK AND LEGS |
| * Is the area under your *desk* uncluttered, to allow for comfortable leg room?
 |  |  |
| * Have you adjusted your *chair* so that:
 |  |  |
| * Your lower back is well supported by the chair backrest?
 |  |  |
| * Your feet are flat on the floor or supported by a footrest?
 |  |  |
| * Your thighs are parallel to the floor and knees bent about 90 degrees?
 |  |  |
| * There is a slight gap between the edge of the seat and the backs of your knees?
 |  |  |
| ARMS, WRISTS AND HANDS |
| * Have you adjusted your *keyboard* so that your:
 |  |  |
| * Forearms are parallel to the floor?
 |  |  |
| * Elbows are bent about 90 degrees?
 |  |  |
| * Shoulders and upper arms are relaxed?
 |  |  |
| * Wrists are straight?
 |  |  |
| * Is the *mouse* close to the keyboard, and on the same level?
 |  |  |
| * If your chair has *armrests*, do they comfortably support both forearms?
 |  |  |
| EYES (LIGHTING AND GLARE) |
| * Is your *monitor*:
	+ Placed at right angles to the window?
	+ Placed away from direct overhead lights?
	+ Adjusted so that the brightness and contrast controls are comfortable?
 |  |  |
| * Do you have adequate lighting for *writing* and *reading*?
 |  |  |
| WORK DESIGN AND HABITS |
| * Is your work area *organized* so that frequently used items are close to you?
 |  |  |
| * Do you take breaks for stretching or mini-pauses approximately once an hour?
 |  |  |

**Office Chair Inspection Checklist**

An office worker spends the majority of time sitting at a workstation. The office workstation should let the worker sit and carry out their duties in comfort while allowing for voluntary changes in the working position. To ensure that your chair is in good working condition and keeps you safe, each employee should inspect his or her office chair approximately once/year.

|  |  |  |
| --- | --- | --- |
| **Inspection point** | **Yes** | **No** |
| Are the wheels in good condition and rolls as designed? |  |  |
| Sit in the chair to check the following: * Is the chair is sturdy and stable?
* Are all legs, arm rests, back rest, and seat cushion in good working order?
 |  |  |
| Turn the chair upside down and visually inspect the points where the chair frame mounts to the seat and back rest. Are all screws or fasteners in place and tight? |  |  |
| Check closely for any stress cracks in the plastic or metal. Do you see any signs of metal fatigue or distorted metal? |  |  |
| Check the number of legs **on rolling chairs**. Does your chair have five legs?  | N/A |  |  |  |
| Number of chairs in office: |  | Office location (building/floor) |  |

After you inspect your chair(s):

* Keep 1 copy for your records.

If your chair(s) seems to be wearing out, speak to your supervisor, and:

* Forward 1 copy to your supervisor.
* Forward 1 copy to your OHSC.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *print name* |  | *signature* |  | *date (mm/dd/yyyy)* |

***Ergonomic desk set up:***



*Diagram source:* “[*Office Ergonomics: Guidelines for preventing Musculoskeletal Injuries*](http://www.worksafenb.ca/docs/officeedist.pdf)*”. 2010. Work Safe NB*