

**USDA ANIMAL & PLANT HEALTH INSPECTION SERVICE  
OFFICE ERGONOMIC EVALUATION CHECKLIST  
(OEEC)**

This questionnaire will be filled out whenever an office ergonomic evaluation is conducted by a Safety, Health, and Employee Wellness Branch (SHEWB) employee. Answer each question during the ergonomic evaluation and check off "YES" or "NO" to each question. If you answer "NO" to any of the questions, then appropriate action should be taken to correct the workstation setup. Address each question that had a "NO" answer by listing your specific recommendations under that question.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Keyboard and Mouse

- |    |  | YES                      | NO                       |
|----|--|--------------------------|--------------------------|
| 1. | Is the keyboard height adjusted so that the user has approximately a 90 to 120 degree angle in the elbow while using the keyboard? .....                       | <input type="checkbox"/> | <input type="checkbox"/> |
|    | _____  |                          |                          |
|    | _____  |                          |                          |
| 2. | Are the forearms approximately parallel to the floor while keyboarding? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | _____  |                          |                          |
|    | _____  |                          |                          |
| 3. | Is the keyboard close to the user to avoid excessive reaching? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | _____  |                          |                          |
|    | _____  |                          |                          |
| 4. | Is the pointing device (e.g., mouse, trackball) located adjacent to the keyboard and at the same height as the keyboard? [If "NO", then see a. and b. below].. | <input type="checkbox"/> | <input type="checkbox"/> |
|    |  |                          |                          |
|    | a. Can the user rest his/her forearm on the desk while using the pointing device w/o excessive reaching? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
|    |  |                          |                          |
|    | b. Is the angle b/t the user's arm and ribs less than 45 degrees? [If "YES" to both a. and b., #4 counts as a YES] .....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
|    |  |                          |                          |
|    | _____  |                          |                          |
|    | _____  |                          |                          |
|    | _____  |                          |                          |

- |    |   | <b>YES</b>               | <b>NO</b>                |
|----|---|--------------------------|--------------------------|
| 5. | Is the keyboard lying flat or slightly tilted away (e.g., negative tilt) from the user? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | _____   |                          |                          |
|    | _____   |                          |                          |
| 6. | Are the wrists in a neutral position while keyboarding? (The wrists should be flat or have slight extension. The wrists should not be excessively deviated towards the midline of the body or away from the midline of the body.) ..... | <input type="checkbox"/> | <input type="checkbox"/> |
|    | _____   |                          |                          |
|    | _____   |                          |                          |
| 7. | Does the user use soft, easy key strokes? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | _____   |                          |                          |
|    | _____   |                          |                          |
| 8. | Does the user rest his/her hands on a palm support or in his/her lap during rest pauses? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | _____   |                          |                          |
|    | _____   |                          |                          |
| 9. | Does the user avoid resting his/her wrists on hard surfaces or sharp edges while keyboarding or using the mouse? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | _____   |                          |                          |
|    | _____   |                          |                          |

Monitor

- |     |  |                          |                          |
|-----|--|--------------------------|--------------------------|
| 10. | Is the surface of the viewing screen clean? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
|     | _____  |                          |                          |
| 11. | Is the brightness and contrast adjusted to optimum comfort? .....                        | <input type="checkbox"/> | <input type="checkbox"/> |
|     | _____  |                          |                          |
| 12. | Is the monitor placed directly in front of the user to avoid twisting of the neck? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
|     | _____  |                          |                          |
| 13. | Is the top of the viewing screen at eye level (if non-bifocal wearer)? .....             | <input type="checkbox"/> | <input type="checkbox"/> |
|     | _____  |                          |                          |

- |   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| 14. If the user wears bifocals, then does the user have the monitor height adjusted appropriately? [Viewing screen should be approximately 2"-3" below eye level for bifocal wearers] ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   |                          |                          |
| _____   |                          |                          |
| 15. Is the monitor approximately arms' length away from the user? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   |                          |                          |
| _____   |                          |                          |
| 16. Is the monitor screen at a right angle to the floor or is the top of the monitor slightly titled away from the user at a 10 to 20 degree angle? .....                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   |                          |                          |
| _____   |                          |                          |
| 17. Is the viewing screen of the monitor positioned perpendicular to windows? [If "NO", then see question) below] .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the user have a glare screen to reduce glare? [A "YES" answer to this question results in a "YES" to #17] .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   |                          |                          |
| _____   |                          |                          |
| 18. Is the monitor properly positioned to avoid excessive glare from lights? [If "NO" then see question below] .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the user have a glare screen to reduce glare? [A "YES" answer to this question results in a "YES" to #18] .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   |                          |                          |
| _____   |                          |                          |

Chair

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 19. Is the backrest angle set so the hip-torso angle is between 90 and 120 degrees? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   |                          |                          |
| _____   |                          |                          |
| 20. Is the back of the user's knees approximately 2" out from the seat pan? .....         | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   |                          |                          |
| _____   |                          |                          |

- |   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| 21. Do the feet rest flat on the floor and are the thighs parallel to the floor? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   |                          |                          |
| _____   |                          |                          |
| 22. Does the user sit upright in the chair with the lower back supported by the backrest? .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   |                          |                          |
| _____   |                          |                          |
| 23. Does the user take frequent (1 every ½ hour) mini-breaks to get up and stretch or walk around? .....                        | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   |                          |                          |
| _____   |                          |                          |
| 24. If used, are the arm rests used appropriately? (e.g., to support the meaty part of the forearm and not for slouching) ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   |                          |                          |
| _____   |                          |                          |
| 25. Does the chair have height adjustment and either tilt adjustment or backrest angle adjustment? .....                        | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   |                          |                          |
| _____   |                          |                          |

Desktop

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 26. Is the surface of the desk approximately elbow height when the user drops his/her arms to his/her side (while seated)? .....                   | <input type="checkbox"/> | <input type="checkbox"/> |
| _____  |                          |                          |
| _____  |                          |                          |
| 27. Are frequently used items placed within arms length of the user? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| _____  |                          |                          |
| _____  |                          |                          |
| 28. If a telephone is used while entering data, does the user avoid holding the phone with his/her neck by using a speaker phone or headset? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| _____  |                          |                          |
| _____  |                          |                          |

- |     |  | <b>YES</b>               | <b>NO</b>                |
|-----|--|--------------------------|--------------------------|
| 29. | If used, is the document holder at approximately the same height and distance as the monitor? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
|     | _____  |                          |                          |
|     | _____  |                          |                          |
| 30. | Is the area under the desk clear to accommodate the user's legs and allow for stretching? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
|     | _____  |                          |                          |
|     | _____  |                          |                          |
| 31. | If the user retrieves binders from overhead shelves, does the user use a footstool so he/she does not retrieve objects higher than shoulder height? .... | <input type="checkbox"/> | <input type="checkbox"/> |
|     | _____  |                          |                          |
|     | _____  |                          |                          |

Lighting

- |     |   |                          |                          |
|-----|---|--------------------------|--------------------------|
| 32. | Is direct overhead lighting reduced (where possible)? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | _____   |                          |                          |
|     | _____   |                          |                          |
| 33. | Are walls covered with a medium color, flat or textured finish, as not to create excessive glare? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
|     | _____   |                          |                          |
|     | _____   |                          |                          |
| 34. | Where necessary, are drapes and/or blinds closed to reduce glare? .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
|     | _____   |                          |                          |
|     | _____   |                          |                          |
| 35. | Are desk lights pointed away from the monitor to reduce glare? .....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
|     | _____   |                          |                          |
|     | _____   |                          |                          |