

Workplace Ergonomics Safety Review Checklist

Date: _____
Department: _____
Reviewer: _____

1. Workstation Setup

Item	Yes	No	Comments
Chair is adjustable and supports good posture	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Feet rest flat on floor or footrest provided	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Workspace is clear and allows comfortable movement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

2. Computer & Monitor

Item	Yes	No	Comments
Monitor positioned at eye level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Screen is free from glare/reflections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Keyboard/mouse positioned to avoid strain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

3. Environment

Item	Yes	No	Comments
Lighting is adequate for tasks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Noise levels are acceptable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Temperature is comfortable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

4. Work Habits

Item	Yes	No	Comments
Takes regular breaks from sitting tasks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Performs stretching or alternate activities during breaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Knows how to report ergonomic concerns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Additional Comments/Observations

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Reviewer Signature: _____ Date: _____