

# 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 type="checkbox"/>	
Feet rest flat on floor or footrest provided	<input type="checkbox"/>	<input type="checkbox"/>	
Workspace is clear and allows comfortable movement	<input type="checkbox"/>	<input type="checkbox"/>	

## 2. Computer & Monitor

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

## 3. Environment

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

## 4. Work Habits

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

## Additional Comments/Observations

Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_