

MINNESOTA DEPARTMENT OF EMPLOYEE RELATIONS

VDT WORKSTATION EVALUATIONS

Posture Evaluation

Back, Legs, and Feet

Questions	Yes - No	Recommendations
1. Does the chair have the following features?		
a) pneumatic height adjustment	<input type="checkbox"/> <input type="checkbox"/>	
b) adjustable arms (vertically and horizontally)	<input type="checkbox"/> <input type="checkbox"/>	
c) adjustable backrest (vertically and horizontally)	<input type="checkbox"/> <input type="checkbox"/>	
d) 5 star base with casters	<input type="checkbox"/> <input type="checkbox"/>	
e) padded seatpan with a waterfall edge	<input type="checkbox"/> <input type="checkbox"/>	
2. Does the user know how to adjust their chair?	<input type="checkbox"/> <input type="checkbox"/>	
3. When seated, the hips are slightly above knees, with feet firmly positioned on the floor or on a footrest?	<input type="checkbox"/> <input type="checkbox"/>	
4. Is there 1-3 inches between the edge of the seat and the back of the knees?	<input type="checkbox"/> <input type="checkbox"/>	
5. The lumbar support is positioned significantly below beltline?	<input type="checkbox"/> <input type="checkbox"/>	
6. There is ample thigh, leg, and foot clearance?	<input type="checkbox"/> <input type="checkbox"/>	

Posture Evaluation

Arms, Wrists and Hands

Questions	Yes	No	Recommendations
1. The keyboard/mouse surface is adjustable?	<input type="checkbox"/>	<input type="checkbox"/>	
2. The keyboard and mouse are positioned at or slightly lower than elbow height?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Wrists are in a neutral/straight position while keying and or mousing?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Fingers are in a neutral position while keying and or mousing?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Wrists are held off worksurface or wristrest while keying or mousing?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Elbows are relaxed by side while keying and or mousing?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Shoulders are relaxed while performing work tasks (keying , mousing, writing, reading)?	<input type="checkbox"/>	<input type="checkbox"/>	
8. The arms of the chair are adjusted to allow for relaxed shoulders?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Keying force is low?	<input type="checkbox"/>	<input type="checkbox"/>	

Posture Evaluation

Arms, Wrists and Hands (continued)

Questions	Yes - No	Recommendations
10. Tools and equipment frequently used are within one arms reach and below shoulder height?	<input type="checkbox"/> <input type="checkbox"/>	
11. Writing tools are held with a light grip?	<input type="checkbox"/> <input type="checkbox"/>	
12. Palm, wrist, or forearm is not resting on sharp edge of worksurface while keying, mousing, or writing?	<input type="checkbox"/> <input type="checkbox"/>	

Head, Neck, and Eyes

Questions	Yes - No	Recommendations
1. Head and neck are positioned in a neutral position while viewing VDT.	<input type="checkbox"/> <input type="checkbox"/>	
2. Top 1/4 of the VDT is positioned at or slightly lower than eye level? (If bifocals are used to view VDT, the top 1/4 of the VDT is significantly below eye level.)	<input type="checkbox"/> <input type="checkbox"/>	
3. VDT is positioned directly in front of keyboard & user?	<input type="checkbox"/> <input type="checkbox"/>	
4. VDT is clean and free of flicker?	<input type="checkbox"/> <input type="checkbox"/>	

Posture Evaluation

Head, Neck, and Eyes (continued)

Questions	Yes	No	Recommendations
5. VDT is positioned 25 to 36 inches from users eyes?	<input type="checkbox"/>	<input type="checkbox"/>	
6. VDT is free of glare?	<input type="checkbox"/>	<input type="checkbox"/>	
7. VDT is positioned perpendicular to outside light source?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Brightness and contrast are adjusted appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Display colors are appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Light levels are appropriate for tasks?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Document holder is appropriate for tasks?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Hard copies are properly positioned and illuminated?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Headset or speaker phone used if task appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Eye exam in the last 1-2 years?	<input type="checkbox"/>	<input type="checkbox"/>	

Posture Evaluation

Head, Neck, and Eyes (continued)

Questions	Yes - No	Recommendations
15. Special eye correction used?		
a) bifocals	<input type="checkbox"/> <input type="checkbox"/>	
b) trifocals	<input type="checkbox"/> <input type="checkbox"/>	
c) computer vision correction	<input type="checkbox"/> <input type="checkbox"/>	
16. Opportunity to rest eyes every 30 minutes?	<input type="checkbox"/> <input type="checkbox"/>	

Job Task Organization

Questions	Yes - No	Recommendations
1. Job tasks can be rotated throughout day?	<input type="checkbox"/> <input type="checkbox"/>	
2. Stretching incorporated into daily routine?	<input type="checkbox"/> <input type="checkbox"/>	
3. Breaks are utilized?	<input type="checkbox"/> <input type="checkbox"/>	
4. Work space appropriate for tasks?	<input type="checkbox"/> <input type="checkbox"/>	
5. Ample storage is available?	<input type="checkbox"/> <input type="checkbox"/>	

Comments: _____
