



Equipment Checklist	Currently Has	Evaluation Adjustments	Recommendations
<b>Sit and Stand Adjustable Tabletop</b> <input type="checkbox"/> Manual <input type="checkbox"/> Electric  Sitting desk height: _____ inches Standing desk height: _____ inches	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Sit and Stand Desk</b> <input type="checkbox"/> Manual <input type="checkbox"/> Electric  Sitting desk height: _____ inches Standing desk height: _____ inches	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Monitor Arms</b>  <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Keyboard Tray</b>  Keyboard tray height: _____ inches	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>External Keyboard Used</b>  <input type="checkbox"/> Traditional <input type="checkbox"/> Alternative (curve) <input type="checkbox"/> Split <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>External Mouse Used</b>  <input type="checkbox"/> Left Hand <input type="checkbox"/> Right Hand  <input type="checkbox"/> Traditional <input type="checkbox"/> Track Ball <input type="checkbox"/> Vertical <input type="checkbox"/> Roller <input type="checkbox"/> Other: _____ Palm Size (if necessary): _____ inches	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Telephone Headset</b>  <input type="checkbox"/> Wireless <input type="checkbox"/> Corded <input type="checkbox"/> Works with multiple devices <input type="checkbox"/> Use laptop microphone only	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Wrist Rest</b>  <input type="checkbox"/> Keyboard palm support <input type="checkbox"/> Mouse pad <input type="checkbox"/> Mouse pad with palm support	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Shared Accessories Available</b>  <input type="checkbox"/> Footrest <input type="checkbox"/> Document Holder <input type="checkbox"/> Electric Stapler <input type="checkbox"/> Electric hole punch <input type="checkbox"/> Docking station <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Other equipment:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Additional Recommendations:</b> (ie: ventilation, lighting, workflow, training: set up instructions posted at desk or user trained on workstation set up, micro breaks, etc.)			

Employee's Name (Print) \_\_\_\_\_ Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Evaluator's Name \_\_\_\_\_ Signature \_\_\_\_\_ Company \_\_\_\_\_ Date \_\_\_\_\_

**Part V: Photos**

*Multiple pictures may be taken to ensure all angles of the workstation and employee's position are captured.*

<p><b>Before Ergonomic Adjustments</b></p>	
<p><b>After Ergonomic Adjustments</b></p>	

**Part VI: Follow- up**

Completed by: _____ Date: _____	
Was all recommended equipment received:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were all other recommendations completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pictures taken during follow-up:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____	
_____	

**Part VII: Information for the Employee (Please ask the employee to fill out the top section.)**

Employee's Name:	Employee Number:	Date:
Department:	Work Address:	

