



Human Resources

V.D.T. Workstation Evaluation:
Repetitive Motion Injury (RMI) Minimization Program

Workstation Location: _____ Checked by: _____
Operator: _____ Date Checked: _____
Equipment: _____ Task(s): _____
Percentage Use: _____ Continuous Use: _____
Hours/Work Conditions: _____ Stations Represented: _____

Workstation Chair

Yes No

- | | | |
|---|-------|-------|
| 1. Five-wheel chair? | _____ | _____ |
| 2. Proper height to workstation? | _____ | _____ |
| 3. Hand, wrist, and forearm in same plane? | _____ | _____ |
| 4. Seat angle configured to encourage backrest use? | _____ | _____ |
| 5. Backrest configured for lumbar support? | _____ | _____ |
| 6. Leg angle @ knee 90 to 110 degrees? | _____ | _____ |
| 7. Hip angle? | _____ | _____ |
| 8. Leg clearance in relation to work surface? | _____ | _____ |
| 9. Footrest required? | _____ | _____ |

Keyboard, Mouse, & CPU

- | | | |
|--|-------|-------|
| 10. Is the wrist contact surface padded? | _____ | _____ |
| 11. Work surface size adequate? | _____ | _____ |
| 12. Is mouse operating properly? | _____ | _____ |
| 13. Is keyboard angle proper? | _____ | _____ |

VDT Screen

- | | | |
|---|-------|-------|
| 14. Is screen oriented directly in front of operator? | _____ | _____ |
| 15. Is glare minimized? | _____ | _____ |
| 16. Anti-glare screen? | _____ | _____ |
| 17. Is screen and/or anti-glare system clean? | _____ | _____ |

