

# Office Photo Assessment



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## RISK CONTROL

This checklist accompanies the photos provided by the customer to communicate to the CNA Risk Control Representative details needed to evaluate the workstation. Depending on the type of workstation (sitting or standing), please answer questions only pertaining to your workstation type before continuing on with the non-workstation sections in the assessment.

**This assessment is not considered part of, or related to any work related injury. If you have suffered, you must separately report a work related injury to your manager in accordance with your employers workers compensation procedures.**

**This assesment is not notice of a workplace injury.**

### Sitting Workstation

Yes No N/A

Is the chair adjustable from the seated position?

Is there a lumbar support on the back rest?

Is the seat height adjustable?

Is the seat tilt adjustable?

Are arm rests adjustable (vertical/side to side/angled)?

Can you achieve comfort with the chair adjustments?

Identify brand name and model of chair, if available:

### Standing Workstation

Yes No N/A

Is workstation height adjustable?

Is there a monitor platform or an arm that allows top of monitor to be slightly below user's eyes?

Is the mouse set at the same height as the keyboard?

Is document holder included to support documents at the same level as the monitor?

Is upper arm by worker's side and elbows at 90 (ninety) degrees?

Are wrists straight and hands at or below elbow level?

Are head, neck, torso, and legs in line?

### Keyboard, Mouse and Working Surfaces

Yes No N/A

Is the keyboard adjustable in height?

Is the keyboard adjustable in tilt?

Are you working within arms' reach without full extension?

If sitting, is there sufficient clearance for the thighs and knees between the chair and the bottom of the keyboard holder?

### Monitor

Yes No N/A

Is the monitor adjustable (up/down, tilt/in and out)?

**Accessories**

Yes No N/A

Is a document holder available for those who key in from source documents?

Is a footrest available?

Is there a headset or wireless option available for those who frequently use the phone?

Are materials placed within easy reach of the employee without full extension of arms?

**Office Worker**

Yes No N/A

Do you take breaks (including restroom, coffee) throughout your shift?

Do you wear bifocal or progressive lenses while working at your computer?

How long have you been at this workstation?

How long has the workstation discomfort been present?

Currently, how comfortable is your workstation?

**Reason for Request:**

Discomfort associated with workstation:

Neck	Right Shoulder	Right Arm	Right Hand	Upper Back	Right Leg	Right Knee
	Left Shoulder	Left Arm	Left Hand	Lower Back	Left Leg	Left Knee

Additional comments:

To request your ergonomic assessment today,  
visit [www.cna.com/officeergo](http://www.cna.com/officeergo).

