



Health & Safety Program Workstation Evaluation Pre Questionnaire

Requestors Name: _____

Telephone #: _____

Division/Branch/Section: _____

Workstation Location (floor, cubicle #): _____

Supervisor: _____

In order to assist us in evaluating your workstation, we request that you answer the following questions as completely and accurately as possible. Please return this questionnaire to Diane Kihara, Health & Safety Officer (MS #29), so that we may schedule your workstation evaluation.

Questions About Your Workstation

1. Which definition best describes your workstation?

- a. standard CIWMB workstation
- b. clerical CIWMB workstation
- c. stand alone desk
- d. portable workstation
- e. others

2. What best describes the light condition in your office?

- a. adequate
- b. inadequate

3. In your opinion, is there enough lighting for your workstation?

- a. yes
- b. no

4. Are you located close to a window?

- a. yes
- b. no

Where is your monitor mounted?

- a. on the CPU
- b. on the work surface
- c. on an adjustable platform
- d. other

11. How is your keyboard supported?

- a. on work surface
- b. on an adjustable keyboard support
- c. other surface (please describe)

12. Do you use a wrist rest?

- a. yes
- b. no

If yes, is it:

- a. keyboard-wide
- b. keyboard & mouse wide
- c. attached to the adjustable keyboard support

What is the manufacturer/model of the wrist rest (if known)?

13. Do you use a foot rest?

- a. yes
- b. no

14. Do you use a copy holder?

- a. yes
- b. no

15. Do you use any of the special following equipment?

- a. head set
- b. telephone amplifier
- c. anti-static mat

23. Reason(s) for request/brief description of problem(s):

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Supervisor Telephone #: _____

Date Received by the Health & Safety Program: _____

Assigned to: _____

Thank you for taking the time to complete our survey. You will be contacted shortly by Health & Safety Program staff to set up a workstation evaluation.