

Employee Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Employee Email: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Complete the form and email to EHS, [healthandsafety@njit.edu](mailto:healthandsafety@njit.edu).

1. Are you currently experiencing discomfort?  
 Hands       Neck / Shoulders       Eyes       Other: \_\_\_\_\_  
 Wrists       Upper Back       Lower Back       Other: \_\_\_\_\_
2. On average, do you work with the computer (*keying, mousing*) and/or write for a total of:  
 More than 6 hours a day or more than 30 hours a week?  
 4 to 6 hours a day?  
 Greater than 2 hours to less than 4 hours a day?  
 2 hours or less a day?
3. Can you position your body comfortably so that you do not experience discomfort at your workstation?  
 Yes  
 No
4. Can you position your legs comfortably underneath your computer table?  
 Yes  
 No
5. Are your keyboard and monitor directly in front of you?  
 Yes  
 No
6. Is your mouse placed at the same level and right beside your keyboard?  
 Yes  
 No
7. If you use a laptop at work (*but not on a docking station or replicator*), does your workstation have a separate full-sized keyboard, mouse, and monitor?  
 Yes  
 No  
 Not Applicable
8. Can you easily read the information on your screen (*glare does not impair the clarity of the text*)?  
 Yes  
 No