MEMIC

Perfect Office Fit

Name :_____

Date :_____

Evaluator :_____

1. Does the chair positively support the body?

○ Yes   ○ No

2. Are the wrists/hands/forearms aligned? Are the shoulders relaxed?
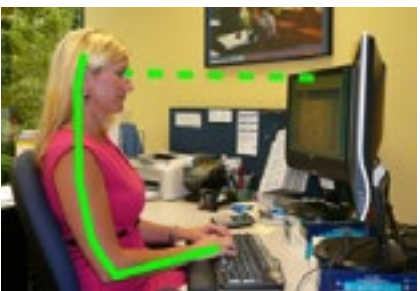
○ Yes   ○ No

3. Is the mouse kept inside the "Mouse Zone"?

○ Yes   ○ No

4. Is the mouse on the same plane as the keyboard?

○ Yes   ○ No

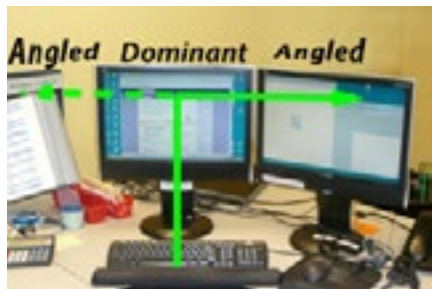5. Is the top of the screen adjusted to sitting eye height?

○ Yes   ○ No

6. Is a document holder being used?

○ Yes   ○ No

7. If monitors are equally viewed , are the screens split and angled?
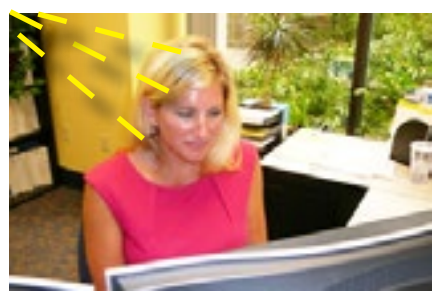
○ Yes   ○ No

8. If one monitor is used more than 60% of the time, is it centered?

○ Yes   ○ No

9. Is a headset being used for the phone?

○ Yes   ○ No

10. Is work area free from glare? The screen should be 3X brighter than overhead lights.

○ Yes   ○ No