

Laboratory Self-Assessment Checklist

DATE: _____

LABORATORY LOCATION: _____

COMPUTER WORKSTATIONS	Yes	No
1. Is a seat provided?	<input type="checkbox"/>	<input type="checkbox"/> *
2. Is the seat height adjustable within the recommendations?	<input type="checkbox"/>	<input type="checkbox"/> *
3. Is lumbar back support provided?	<input type="checkbox"/>	<input type="checkbox"/> *
4. Is a footrest provided?	<input type="checkbox"/>	<input type="checkbox"/> *
5. Is there ample leg room?	<input type="checkbox"/>	<input type="checkbox"/> *
6. Are all adjustability features easy to use?	<input type="checkbox"/>	<input type="checkbox"/> *
7. Is there ample room to accommodate a keyboard and a computer mouse so the employee can rest their arms at their side and forearms parallel to the floor?	<input type="checkbox"/>	<input type="checkbox"/> *
8. Is there ample room to place the monitor at arm length's distance?	<input type="checkbox"/>	<input type="checkbox"/> *
9. Is the monitor at the recommended height?	<input type="checkbox"/>	<input type="checkbox"/> *
10. If documents are frequently used, is there a document holder?	<input type="checkbox"/>	<input type="checkbox"/> *
LABORATORY BENCHES		
1. If the worker stands, is anti-fatigue matting supplied?	<input type="checkbox"/>	<input type="checkbox"/> *
2. Is the height of the bench appropriate for the work that is performed?	<input type="checkbox"/>	<input type="checkbox"/> *
3. Is there adequate leg room?	<input type="checkbox"/>	<input type="checkbox"/> *
4. Do contact stressors exist such as bench tops with sharp edges?	<input type="checkbox"/>	<input type="checkbox"/> *
LABORATORY CHAIRS		
1. Can all laboratory chairs be adjusted to accommodate all of the employees who need to use the chairs?	<input type="checkbox"/>	<input type="checkbox"/> *
MICROSCOPES		
1. Do the shoulders appear rounded and/or is the worker hunched over?	<input type="checkbox"/> *	<input type="checkbox"/>
2. Is there excessive neck flexion (>25 degrees)?	<input type="checkbox"/> *	<input type="checkbox"/>
3. Are there contact stresses between sharp edges and the forearms?	<input type="checkbox"/> *	<input type="checkbox"/>
4. Is the microscope pulled out to the edge of the workbench?	<input type="checkbox"/>	<input type="checkbox"/> *
5. Are armrests or padding provided?	<input type="checkbox"/>	<input type="checkbox"/> *
6. Is there sufficient leg room?	<input type="checkbox"/>	<input type="checkbox"/> *
7. Does the worker rest their feet on the lab stool?	<input type="checkbox"/> *	<input type="checkbox"/>
8. Is there a foot rest provided?	<input type="checkbox"/>	<input type="checkbox"/> *
9. Has the individual been trained how to properly sit at a microscope workstation?	<input type="checkbox"/>	<input type="checkbox"/> *
10. Are microscope work breaks provided?	<input type="checkbox"/>	<input type="checkbox"/> *
PIPETTING		

1. Are manual pipettors used?	<input type="checkbox"/> *	<input type="checkbox"/>
2. Are electronic pipettors provided?	<input type="checkbox"/>	<input type="checkbox"/> *
3. Are latch-mode pipettors provided?	<input type="checkbox"/>	<input type="checkbox"/> *
4. Is the pipettor designed to reduce contact with sharp edges?	<input type="checkbox"/>	<input type="checkbox"/> *
5. Has the individual been trained how to properly operate the pipettor (e.g., pickup tips, eject tips, program electronic pipettor, etc.).	<input type="checkbox"/>	<input type="checkbox"/> *
6. Does the worker pipette more than 2 hours per day?	<input type="checkbox"/> *	<input type="checkbox"/>
7. Are frequent breaks provided?	<input type="checkbox"/>	<input type="checkbox"/> *
8. Is the pipettor computer-controlled to allow for computer-activated multiple dispensing instead of finger-activated dispensing?	<input type="checkbox"/>	<input type="checkbox"/> *
FINE MOTOR SKILLS		
1. Are vials with the fewest amount of threads allowable used?	<input type="checkbox"/>	<input type="checkbox"/> *
2. Does the worker perform dissection or micro-manipulation with forceps more than 5 hours per week?	<input type="checkbox"/> *	<input type="checkbox"/>
3. Are frequent micro breaks provided?	<input type="checkbox"/>	<input type="checkbox"/> *
4. Do contact stresses exist between the forearm and workbench?	<input type="checkbox"/> *	<input type="checkbox"/>
MICROTOME AND CRYOSTAT		
1. Does the worker use excessive wrist flexion and extension when operating the microtome or cryostat?	<input type="checkbox"/> *	<input type="checkbox"/>
2. Is the workstation at a height that reduces arm abduction as much as possible?	<input type="checkbox"/>	<input type="checkbox"/> *
3. Does the worker have access to an automatic microtome/cryostat?	<input type="checkbox"/>	<input type="checkbox"/> *
4. Are frequent breaks provided?	<input type="checkbox"/>	<input type="checkbox"/> *
5. Is a fully adjustable chair provided?	<input type="checkbox"/>	<input type="checkbox"/> *

NOTE: You should follow up on all responses with a "*" beside the box.