## **OFFICE ERGONOMIC SELF-CHECK**

## **MOUSE(INPUT DEVICE)**

Does the device that you use feel like it fits your hand size? Yes\_\_\_\_No\_\_\_\_ Do you keep your wrist straight while using the device? Yes\_\_\_\_No\_\_\_\_ Do you have adequate room to use your device? Yes\_\_\_\_No\_\_\_\_

## KEYBOARD AND MOUSE PLACEMENT

Is the keyboard centered with the monitor? Yes\_\_\_\_No\_\_\_\_ Is the keyboard/mouse surface relatively flat? Yes\_\_\_\_No\_\_\_\_ Is your device as close to you as comfortably possible?