

**MINNESOTA DEPARTMENT OF EMPLOYEE RELATIONS  
VDT WORKSTATION EVALUATION**

*Employee Interview*

Evaluation Date \_\_\_\_\_

Evaluator \_\_\_\_\_

Employee \_\_\_\_\_

Concern \_\_\_\_\_

**In your current work environment, what works well?**

\_\_\_\_\_  
\_\_\_\_\_

**In your current work environment, what does not work well?**

\_\_\_\_\_  
\_\_\_\_\_

**If you have discomfort, what specific task or tasks contribute to your discomfort?**

\_\_\_\_\_  
\_\_\_\_\_

**Are there any non work related activities that contribute to your discomfort?**

\_\_\_\_\_  
\_\_\_\_\_

**Daily Job Tasks as Described By Employee:**

*In an eight hour day, describe how you spend your time. This will help determine the appropriate space requirements. Please circle all that apply.*

**1. Computer use \_\_\_\_\_ hours**

◆ Describe your computer use.

Data Processing

CAD/Design

Other \_\_\_\_\_

E-mail

Research

\_\_\_\_\_

◆ Keyboard use \_\_\_\_\_ hours (*Position all input devices at or slightly lower than elbow height.*)

Continuous or intermittent keystrokes

Single or multiple keyboards \_\_\_\_\_ #

\_\_\_\_\_

◆ Mouse use \_\_\_\_\_ hours (*Position all input devices at or slightly lower than elbow height.*)

Single mouse

Multiple mouse \_\_\_\_\_ #

\_\_\_\_\_

◆ Monitor size 15inch / 17inch / 21inch / flat screen (*Position the monitor directly in front of the user at eye level and 25-36" away from the eyes. Position the monitor perpendicular to windows.*)

Continuous or intermittent viewing

Single monitor

Multiple monitor \_\_\_\_\_ #

Monitor size \_\_\_\_\_

\_\_\_\_\_

Employee \_\_\_\_\_

**2. Telephone use \_\_\_\_\_ hours**

Long conversations (>5 min) \_\_\_\_\_ Short conversations (<5 min) \_\_\_\_\_  
Combined with computer use, writing, or information retrieval \_\_\_\_\_

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**3. Writing on hard copy \_\_\_\_\_ hours**

Combined with telephone use/computer use \_\_\_\_\_

◆ Describe a typical document \_\_\_\_\_

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**4. Reading from a hard copy \_\_\_\_\_ hours**

Combined with computer use \_\_\_\_\_ Document holder needed \_\_\_\_\_

◆ Describe a typical document \_\_\_\_\_

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**5. Alternate Tasks**

Attending meetings \_\_\_\_\_ hours Office machines \_\_\_\_\_ hours  
Filing \_\_\_\_\_ hours Other \_\_\_\_\_ hours

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**6. Material handling**      0-10lbs. \_\_\_\_\_      11-25lbs. \_\_\_\_\_      over 25 lbs. \_\_\_\_\_

◆ Describe frequency:      rarely      occasionally      frequently      constantly

◆ Describe materials \_\_\_\_\_

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**7. Sitting \_\_\_\_\_ hours Standing \_\_\_\_\_ hours Walking \_\_\_\_\_ hours**

◆ Is there a need or a desire to perform some job tasks in a standing position? Yes / No

◆ Please describe \_\_\_\_\_

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**Employee Specific Measurements**

*Work surface height is determined by the seated elbow height of the end user. Pre-measuring the end user's elbow height will allow you to determine the correct height for the keyboard/mouse and reading/writing work surface.*

Measurements

Seated elbow height \_\_\_\_\_ inches

Recommended height for the keyboard/mouse surface \_\_\_\_\_ inches

*(At or 1 inch lower than seated elbow height)*

Recommended height for reading and writing work surface \_\_\_\_\_ inches

*(2 inches higher than seated elbow height)*