

MINNESOTA DEPARTMENT OF EMPLOYEE RELATIONS
VDT WORKSTATION EVALUATION
Summary of Recommendation and Modifications

Evaluation Date _____

Evaluator _____

Employee Name _____

Employee Phone # _____

Supervisor /Contact Name _____

Supervisor/Contact Phone # _____

Agency _____

Concern _____

RECOMMENDATIONS AND MODIFICATIONS:

Seating:

- Chair adjusted Alternate seating recommended Request 2 week trial

Suggestions: _____

Work surface/Furniture: (primary work surface)

- No adjustment required BI-level computer table _____
 Adjust reading/writing surface height to _____” Additional storage _____
 Adjust keyboard/mouse surface height to _____” Align computer and keyboard
 Relocate equipment _____

Suggestions: _____

Keyboard/Mouse Surface: (other than primary work surface)

- Adjust platform height to _____” Design to accommodate keyboard/mouse Articulated mechanism

Suggestions: _____

Monitor:

- Adjust viewing distance to: 25”- 36”- 48” Modify light level _____
 Adjust height to: Top 1/4 / lower than eye level Use window treatments
 Increase refresh rate to 70/75/80 Hz Anti-glare shield

Suggestions: _____

Additional Accessories Needed:

Footrest: _____ #

Suggestions: _____

- Document Holder: work surface (typing stand style) attach to monitor
 writing/reading slope

Suggestions: _____

