



## TELEWORK

Workstations assessed:

Company:

Date:

Observations:

Worker:

Workstation:

Date when it was filled out:

### Telework - LEVEL I - Initial Identification

Do you have a specific space in the house set up as an office space to telework?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate the type of tasks that you perform most frequently (you can check several tasks)	<input type="checkbox"/> Computer use <input type="checkbox"/> Telephone use <input type="checkbox"/> Meetings <input type="checkbox"/> Documents tasks
Indicate the type of chair you use	<input type="checkbox"/> Regular chair, not adjustable <input type="checkbox"/> Office chair, adjustable
Indicate the type of computer equipment you use (you can check both)	<input type="checkbox"/> Desktop computer <input type="checkbox"/> Laptop
Indicate the number of monitors you use	<input type="checkbox"/> 1 monitor or laptop monitor <input type="checkbox"/> 2 monitors: main and secondary

	<input type="checkbox"/> 2 main monitors (evenly used)
Indicate the telephone devices you work with (you can check several devices)	<input type="checkbox"/> Landline telephone <input type="checkbox"/> Cellular phone-smartphone <input type="checkbox"/> Neither
Do you frequently use (more than 2 hours per day or 30 minutes at a time) touch devices (tablet, smartphone)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Telework - LEVEL II questionnaire

### Chair

Is it possible to adjust the height of the seat while sitting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Is it possible to adjust the height of the seat while sitting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it possible to adjust the height of the seat while sitting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Does the backrest provide support for the lower back?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Does the chair have armrests?	<input type="checkbox"/> No <input type="checkbox"/> Yes, not adjustable in height <input type="checkbox"/> Yes, adjustable in height
In the sitting position, do your feet rest flat on the floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the seat and backrest of the chair padded or made of a breathable material?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the seat have a properly rounded front edge with no burrs, protrusions or finishes that cause discomfort?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Is the seat of the chair a swivel seat?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
When sitting with your back against the backrest, are there about 5-10 cm between the back of the knee and the seat of the chair?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know

### Table

Measure the total width of your work tabletop (cm)	
Measure the total depth of your work tabletop (cm)	
Does the work tabletop have a low-reflection matte finish?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Is there enough free space under the worktable so that you can get close to the edge and move your legs without hitting any obstacle?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Measure the height from the top edge of the table surface to the floor (cm)	

### Screen

Can the brightness and contrast of the screen be adjusted so that the information displayed is clearly visible (sharp, stable, readable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Is the top edge of the screen at the level of the eyes or slightly below?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
When you are in a sitting position, where is the screen?	<input type="checkbox"/> Directly in front <input type="checkbox"/> Off to one side
Can you place the monitor on the worktable so that it is at least 40 cm from your eyes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate the arrangement of the monitors: is the main monitor directly in front of you and the secondary monitor right next to it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate the arrangement of the monitors: are both monitors next to each other with the edges aligned in front of you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it possible to adjust the tilt and rotation of the screen?	<input type="checkbox"/> Only the tilt <input type="checkbox"/> Only the rotation <input type="checkbox"/> Tilt and rotation <input type="checkbox"/> No <input type="checkbox"/> I don't know

## Computer

Do you have an external keyboard for the laptop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have an external mouse for the laptop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have an external screen for the laptop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a stand to raise and tilt the laptop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can you place the keyboard at least 10 cm from the edge of the table?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is it possible to adjust the tilt of the keyboard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
Indicate the location of the keyboard relative to your usual working posture	<input type="checkbox"/> Centered keyboard	<input type="checkbox"/> Keyboard off to the left	<input type="checkbox"/> Keyboard off to the right
Move the mouse by moving the cursor to the four corners of the screen or screens. Can you move the mouse without any obstacles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the mouse placed right next to the keyboard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## Accessories and communication

If the worker has to read and copy documents, is there a book or document holder that can be placed next to the screen?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, but not next to the screen	<input type="checkbox"/> No
If the job requires taking phone calls on a regular basis, is there a headset or other hands-free system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If the job involves taking phone calls on a regular basis, is the phone within a comfortable range of reach?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there an external keyboard and input device (mouse, stylus) to use the tablet or other touch devices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a stand to put the tablet or other touch devices on?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### Space

Can you reach the most frequently used objects without getting up from the seat or moving your back away from the backrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measure the distance, in centimetres, between the edge of the table and the nearest obstacle behind you.	

### Environment

Is there enough light to read and view the work items without difficulty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there are any windows, do you have blinds, curtains or roller shades to soften the natural light that reaches the workstation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> There are no windows
If there are windows, indicate the position of the workstation in relation to them	<input type="checkbox"/> Windows on the sides of the workstation <input type="checkbox"/> Windows in front of or behind the workstation <input type="checkbox"/> There are no windows
Do you have difficulty talking or concentrating due to the level of ambient noise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a heating and cooling system that allows you to adjust humidity and temperature levels?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Organization

Does work organization allow you to follow your own pace, take small voluntary breaks, and change posture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a fast and efficient communication channel to contact other colleagues or managers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have explicit, consistent and achievable work objectives?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know

## Organization

Have you received training in occupational risk prevention and know the risks associated with the job, as well as the protection measures that should be applied in each case	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received the instructions for using the work equipment (computer equipment, communication devices, work chair, etc.) so that you know how to adjust your workstation?	<input type="checkbox"/> Yes <input type="checkbox"/> No