

# Visual Ergonomics Checklist

Date \_\_\_\_\_

Name of employee \_\_\_\_\_

Age \_\_\_\_\_

Type of workplace \_\_\_\_\_

Employment duration \_\_\_\_\_

Type of work \_\_\_\_\_

Visually demanding (very/ some/ little) \_\_\_\_\_

Daily work organisation (different types of work tasks, but can change between them more often) \_\_\_\_\_

Workplace (own office/office landscape) \_\_\_\_\_

Type of computer screen \_\_\_\_\_

Work/vision distance (cm)		
Angle of vision (from horizontal plane)		
Visual object (size in mm)		

## Subjective evaluation

Eyestrain Yes  No

Eye fatigue Yes  No

Headache Yes  No

Musculoskeletal strain Yes  No

If yes:

When do you get the symptom(s)? \_\_\_\_\_

Where? \_\_\_\_\_

Severity? \_\_\_\_\_

How often? \_\_\_\_\_

Duration ? \_\_\_\_\_

Spectacles/contact lenses? Yes  No

Type \_\_\_\_\_

Experience of the lighting \_\_\_\_\_

\_\_\_\_\_

## Light measurements

Illuminance	Workplace 1	Workplace 2
Work surface		
Computer screen		
Area behind computer screen		

Luminance	Workplace 1	Workplace 2
Work surface		
Computer screen		
Area behind computer screen		

Type of light sources (fluorescent, LED, halogen, energy saving lamp)

Angle of light from main luminaire

Contrast letters/background

Luminance distribution

Risk for glare (high/medium/small)

Colour temperature

Colour rendering index

Flicker visual/non-visual

Reflection

Design of the workplace area:

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