OFFICE ENVIRONMENT

ERGONOMIC WORKSTATION RISK ASSESSMENT

Proactive ❏   **Medical Request** ❏   **Employee Request** ❏   **File No.:** _____

Part A: IDENTIFICATION

Employee: _____   Ext. _____   Department: _____

Supervisor: _____   Location: _____

Analyst: _____   Analysis Date: _____

Follow-up Date: _____   Action Items Complete? Y ❏ N ❏

Part B: GENERAL JOB DESCRIPTION AND EMPLOYEE COMMENTS

Why does the employee want an ergonomic evaluation? Does this employee express concern about fatigue or discomfort with a particular job or body part? Roughly what percentage of the day is the employee sitting, typing, using a mouse, using the phone? Capture general comments. _____

_____

_____

Part C: ERGONOMIC RISK ASSESSMENT CHECKLIST (Refer to instructions for further explanation of these questions.)
(NO answers are opportunities for ergonomic improvement and must be addressed in Corrective Action Plan.)

Employee	Y	N	N/A
1. Has the employee seen a doctor to discuss any discomfort?			
2. Has the employee attended Ergonomics Awareness training?			
3. Is the employee right-handed?			
4. Does the employee know his/her dominant eye? If not, help him/her determine.			
5. Does the employee wear contacts or glasses? (If no check N/A)			

Posture – Lower Extremities	Y	N	N/A
6. Are the knees and hips at approximately 90-degree and 110-degree angles, respectively? (Knees should be at a 90-degree angle and thigh to spine angle should be ~110 degrees to minimize stress to the lower back.)			
7. Are the feet positioned flat on the floor or supported by a footrest?			
8. Does the employee have the proper footrest, if required, to continuously stand to perform an activity?			
9. Does the employee keep his/her legs in uncrossed position while working?			
10. Is the clearance/leg room sufficient for the employee's legs and feet? (Check knees and legs for pressure points, obstructions or interference.)			
11. With the lower limbs in a comfortable position and feet flat on floor, is the work surface height appropriate?			
12. Does employee's chair slide easily across the workspace floor?			
13. Is there adequate lower back support when the employee is in a sitting position? (A personal lumbar roll or chair lumbar support should be used. Check where lumbar support hits the back.)			

Posture – Upper Extremities	Y	N	N/A
14. Are the employee's wrists and forearms protected from the sharp or hard edge of a work surface? (This cuts off circulation and causes nerve damage to forearm/wrist. Check for creases on the forearm.)			
15. Is the position of the work or documents appropriate to keep the employee from twisting or bending the head, neck or back? (A document holder should be positioned at the same height and as close to monitor as possible to reduce twisting of neck or back. This includes adjustments for bifocal users.)			
16. Does the employee hold his/her head in a vertical orientation, facing forward, so the neck is not stressed from being held off balance or in a non-neutral position? (Head should be upright and even with the shoulders, ears above shoulders, not in front.)			
17. Does the employee assume a relaxed, tension-free posture in the neck and shoulders to reduce stress or muscle fatigue? (Upper arms tucked close to the body, not extended out to side, forward or backward, raised or hunched.)			
18. Are the elbows at <90-degree angle? (Position that does not force shoulder or elbow beyond neutral.)			
19. Is the employee able to easily reach primary work items without extended stretching? (Includes reaching for the mouse and/or telephone.)			
20. Does the employee wear suitable bifocal glasses that do not cause tilting the head to see through the proper lens area?			
21. Does the employee position the telephone properly and not cradle it in the crook of the neck? (If appropriate, suggest using a telephone shoulder rest or headset.)			

Monitor	Y	N	N/A
22. Is the employee sitting an appropriate distance from the monitor? (Eyes 18-34" from monitor)			
23. Does the employee have an easy time reading text on the monitor screen? (Eye strain)			
24. Does the location of the monitor keep the employee from twisting or bending the head? (It should be centered in front, with top of screen slightly below eye level to reduce neck twisting or bending.)			

Keyboard/Mouse	Y	N	N/A
25. Is the keyboard or other equipment adjusted properly to keep hands and wrists in neutral position? (Slight negative tilt.)			
26. Is keystroke pressure comfortable? (Don't use excessive force or single finger action used/required when keying input.)			
27. Is the mouse or trackball at the same height and distance as keyboard?			
28. Is the mouse or trackball the correct size for the hand for easy button activation and/or gentle gripping? (Is it too big or too small for the hand?)			
29. Does the employee take breaks to relieve stress when performing the same work tasks for extended periods or from keyboarding, mouse manipulation or other repetitive tasks? (More than 4 hours per day or 60 minutes without a break?)			

Lighting	Y	N	N/A
30. Is lighting in the area directed away from the screen to reduce glare? (Lighting sources or window.)			
31. Do work surfaces have a matte finish to reduce light reflection?			
32. Is the lighting in the area sufficient to work comfortably without straining the eyes?			

Noise, Ventilation, Temperature and Vibration	Y	N	N/A
33. Are sound levels comfortable, allowing conversation and other communication without effort?			
34. Is equipment noise in the employee's area low, non-existent or at a comfortable level? (Printer, copy machine, etc.)			
35. Is air circulation sufficient?			
36. Is air quality satisfactory?			
37. Is the employee comfortable with the ambient temperatures?			
38. Are vibrations from machines, equipment, etc. at a comfortable, harmless level? (From building, equipment, keyboard, etc.)			

Totals (NO answers are opportunities for ergonomic improvement and must be addressed in a Corrective Action Plan.)			

Office Workstation Risk Rating Scale

Number of "NO" answers

Very High Risk 16-23   **High Risk** 9-15   **Medium Risk** 6-8   **Low Risk** 3-5   **Very Low Risk** 0-2

Part D: CORRECTIVE ACTION PLAN

Recommendations to address potential problems and questions with NO answers:

Once you have identified risk factors, the next logical step is to do something about them. Can they be eliminated? Many times this is a relatively easy and inexpensive task. You may be able to raise or lower a chair, reposition arrangement of work or educate employees about a new technique. Other changes may incur some cost. It may be necessary to purchase new equipment or redesign workstation environments. These are usually far less costly than the expenses associated with an injury.

Summary:

This employee's risk rating was _____ before initial recommendations. The employee's risk rating is _____ after the following recommendations were implemented immediately after the evaluation.

Comments: _____

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Additional Recommendations: (These are items that need to be ordered or installed, or recommendations involving a behavior change for the employee, such as taking breaks, uncrossing legs or attending Ergo Awareness Training.)

Action Items	Person Responsible	Estimated Cost	Target Date	Completion Date

Possible Recommendations

1. Phone rest
2. Move phone closer to use area
3. Document holder on desk or attached to display terminal
4. Footrest to allow elevation of legs
5. Under desk keyboard extension for keyboard and mouse
6. Capability to work right- or left-handed
7. Current keyboard holder is suitable but requires adjustment to allow neutral position
8. Work surface height adjustment
9. Aligning video display terminal (VDT) with general position of chair and user (inline)
10. Aligning VDT to correct height of user
11. Removing VDT from top of CPU to desk level
12. Move commonly used items closer to point of use not above but at same level
13. Waterfall protective edge or wrist rest for keyboard and mouse
14. Task lighting for document input
15. Removal of watches or personal jewelry constrictive to circulation to wrists and hands
16. Ergo Awareness training, take stretching breaks