

ErgoCruz COMPUTER WORKSTATION FOLLOW-UP EVALUATION

FOLLOW-UP INFORMATION

Employee: _____ Phone: _____ F/U Date: _____
 Dept: _____ Evaluation Date: _____
 Reason for Follow-up: Routine Received equipment Concerns/issues Other: _____

FOLLOW-UP SUMMARY

- | | |
|--|--|
| <input type="checkbox"/> Equipment installation/set/up adequate
<input type="checkbox"/> Instruction provided for proper use of equipment
<input type="checkbox"/> Instruction provided for proper posture/work habits
<input type="checkbox"/> Employee concerns addressed
<input type="checkbox"/> Supervisor concerns addressed | <input type="checkbox"/> Employee satisfied with work station
<input type="checkbox"/> Ongoing issues with workstation setup
<input type="checkbox"/> Instructed to report discomfort to supervisor
<input type="checkbox"/> Other: _____ |
|--|--|

EQUIPMENT/MODIFICATIONS	Ordered	Received	COMMENTS
Seat cushion	<input type="checkbox"/>	<input type="checkbox"/>	
Back cushion	<input type="checkbox"/>	<input type="checkbox"/>	
Footrest	<input type="checkbox"/>	<input type="checkbox"/>	
Chair	<input type="checkbox"/>	<input type="checkbox"/>	
Keyboard tray	<input type="checkbox"/>	<input type="checkbox"/>	
Keyboard	<input type="checkbox"/>	<input type="checkbox"/>	
Pointing device	<input type="checkbox"/>	<input type="checkbox"/>	
Wristrest	<input type="checkbox"/>	<input type="checkbox"/>	
Mouse pad/mouse mat/mousebridge	<input type="checkbox"/>	<input type="checkbox"/>	
Monitor riser/arm	<input type="checkbox"/>	<input type="checkbox"/>	
Document holder	<input type="checkbox"/>	<input type="checkbox"/>	
Task light/filters/bulbs	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone headset	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone tilt stand	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone repositioned	<input type="checkbox"/>	<input type="checkbox"/>	
Workstation	<input type="checkbox"/>	<input type="checkbox"/>	
CPU re-positioned	<input type="checkbox"/>	<input type="checkbox"/>	
Files/clutter re-organized	<input type="checkbox"/>	<input type="checkbox"/>	

WORK HABITS/POSTURE

- Improved posture observed
 Taking recommended breaks

FOLLOW-UP PLAN

- Return for re-check No follow-up required

Evaluator

Date