

**EMPLOYEE INFORMATION**

Employee Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mail Stop: \_\_\_\_\_ Dept: \_\_\_\_\_

Location (Building/Address + Rm No.): \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Hire/Transfer: \_\_\_\_\_

Reason for Evaluation:  New hire  Office move  Employee requested  Supervisor requested Other: \_\_\_\_\_

Average Daily Computer Use:  < 2 Hrs  2-4 hrs  >4 hrs Work time: hours per day \_\_\_\_ / days per week \_\_\_\_

**DISCOMFORT REPORTED**

|  |                               |  |   |   |
|--|-------------------------------|--|---|---|
| <input type="checkbox"/> Not experiencing discomfort<br><input type="checkbox"/> Has had some discomfort in past<br><input type="checkbox"/> Currently in discomfort<br><input type="checkbox"/> <b>Discomfort interferes with work</b><br><input type="checkbox"/> Other: | Location of Discomfort:       |  | Duration of Current Discomfort:<br><input type="checkbox"/> under 2 wks<br><input type="checkbox"/> <b>over 2 wks</b> | <b>Refer to supervisor/EH&amp;S? Y/N</b><br>(Note: Symptoms over 2 weeks should be reported to supervisor &/or EH&S.) |
|  | <input type="checkbox"/> Neck | <input type="checkbox"/> R/L Shoulder      |   |   |
|  | <input type="checkbox"/> Back | <input type="checkbox"/> R/L Elbow/Forearm |   |   |
|  | <input type="checkbox"/> Legs | <input type="checkbox"/> R/L Wrist/Hand    |   |   |
|  | <input type="checkbox"/> Eyes | <input type="checkbox"/> R/L Thumb         |   |   |

| CHAIR | YES | NO | CHANGES MADE |
|-------|-----|----|--------------|
|-------|-----|----|--------------|

|   |  |  |   |
|---|--|--|---|
| 1. Chair model: _____ Height OK?                |  |  | <input type="checkbox"/> Chair height adjusted <input type="checkbox"/> Not an adjustable/ergonomic chair           |
| 2. Back supported by backrest?                  |  |  | <input type="checkbox"/> Backrest adjusted <input type="checkbox"/> Employee repositioned/instructed not to "perch" |
| 3. Seat depth (distance front to back) OK?      |  |  | <input type="checkbox"/> Depth adjusted: (2-3 fingers between seat front and back of knees)                         |
| 4. Seat tilt (angle of seat) OK?                |  |  | <input type="checkbox"/> Seat tilt adjusted   |
| 5. Seat width OK?                               |  |  | <input type="checkbox"/> Armrest width adjusted <input type="checkbox"/> Recommend wider chair                      |
| 6. Armrests allow good access to desk/computer? |  |  | <input type="checkbox"/> Height adjusted <input type="checkbox"/> Armrests removed                                  |
| 7. Feet supported on floor/footrest?            |  |  | <input type="checkbox"/> Chair seat height adjusted <input type="checkbox"/> Footrest adjusted                      |

| KEYBOARD | YES | NO | CHANGES MADE |
|----------|-----|----|--------------|
|----------|-----|----|--------------|

|   |  |  |   |
|---|--|--|---|
| 8. Shoulders relaxed (not elevated)?            |  |  | <input type="checkbox"/> Keyboard/employee re-positioned  |
| 9. Keyboard at or near elbow level?             |  |  | <input type="checkbox"/> Keyboard raised <input type="checkbox"/> Keyboard lowered <input type="checkbox"/> Chair adjusted        |
| 10. Keyboard within easy reach (arms by sides)? |  |  | <input type="checkbox"/> Keyboard/employee re-positioned  |
| 11. Keyboard centered to body?                  |  |  | <input type="checkbox"/> Keyboard/employee re-positioned <input type="checkbox"/> Rec. keyboard without numeric pad               |
| 12. Wrists neutral when typing?                 |  |  | <input type="checkbox"/> Instructed to float <input type="checkbox"/> Keyboard tilt adjusted <input type="checkbox"/> Ht.adjusted |
| 13. Wrists neutral when resting?                |  |  | <input type="checkbox"/> Instructed to rest in neutral <input type="checkbox"/> Wrist rest adjusted                               |

| POINTING DEVICE | YES | NO | CHANGES MADE |
|-----------------|-----|----|--------------|
|-----------------|-----|----|--------------|

|  |  |  |   |
|--|--|--|---|
| 14. Pointer same level/close to keyboard?            |  |  | <input type="checkbox"/> Pointer re-positioned  |
| 15. Pointer easy to reach?                           |  |  | <input type="checkbox"/> Recommend keyboard w/o numeric pad <input type="checkbox"/> Pointer re-positioned          |
| 16. Wrist level (observed from side) when pointing?  |  |  | <input type="checkbox"/> Pointer re-positioned <input type="checkbox"/> Wrist rest removed                          |
| 17. Wrist aligned (observed from top) when pointing? |  |  | <input type="checkbox"/> Instructed to keep wrists aligned/move larger joints                                       |
| 18. Fingers/thumbs relaxed when pointing?            |  |  | <input type="checkbox"/> Instructed to relax digits <input type="checkbox"/> Instructed to use shoulder/arm muscles |

| MONITOR | YES | NO | CHANGES MADE |
|---------|-----|----|--------------|
|---------|-----|----|--------------|

|  |  |  |  |
|--|--|--|--|
| 19. Monitor centered in front of user?     |  |  | <input type="checkbox"/> Moved to center front of worker   |
| 20. Viewing distance comfortable?          |  |  | <input type="checkbox"/> Moved to appropriate distance   |
| 21. Top of screen at or near eye level?    |  |  | <input type="checkbox"/> Monitor lowered/raised ____" <input type="checkbox"/> Chair height adjusted                                 |
| 22. Screen tilt perpendicular to eye gaze? |  |  | <input type="checkbox"/> Tilt adjusted   |
| 23. Screen free of glare or reflections?   |  |  | <input type="checkbox"/> Tilt/position adjusted <input type="checkbox"/> Blinds/lights adjusted <input type="checkbox"/> Brightness↓ |

| DOCUMENTS | YES | NO | CHANGES MADE |
|-----------|-----|----|--------------|
|-----------|-----|----|--------------|

|  |  |  |  |
|--|--|--|--|
| 24. Documents inline and angled for viewing?   |  |  | <input type="checkbox"/> Repositioned in front/close to monitor <input type="checkbox"/> Recommend document holder |
| 25. Documents positioned properly for writing? |  |  | <input type="checkbox"/> Repositioned for neck and arm comfort   |

Additional notes:

| TELEPHONE  | YES | NO | CHANGES MADE  |
|--|-----|----|---|
| 26. Uses headset, speakerphone or keeps head erect when using telephone? |     |    | <input type="checkbox"/> Use speakerphone <input type="checkbox"/> Headset recommended<br><input type="checkbox"/> Avoid cradling handset |
| 27. Phone within easy reach (if frequently used)?                        |     |    | <input type="checkbox"/> Phone moved closer <input type="checkbox"/> Phone used infrequently  |
| WORKSTATION  |     |    | CHANGES MADE  |
| 28. Frequently used items within close reach?                            |     |    | <input type="checkbox"/> Files, notebooks, etc. repositioned  |
| 29. Leg clearance OK?  |     |    | <input type="checkbox"/> Boxes, equipment, etc. repositioned  |
| 30. Lighting OK?   |     |    | <input type="checkbox"/> Lights dimmed <input type="checkbox"/> Blinds closed <input type="checkbox"/> Lights reduced                     |
| WORK HABITS  |     |    | CHANGES MADE  |
| 31. Sits upright rather than slouching, leaning, perching?               |     |    | <input type="checkbox"/> Instructed in posture/body mechanics   |
| 32. Moves and changes postures frequently?                               |     |    | <input type="checkbox"/> Move throughout day  |
| 33. Uses micro-breaks and varies tasks?                                  |     |    | <input type="checkbox"/> Use micro-breaks <input type="checkbox"/> Alternate tasks  |

### RECOMMENDATIONS

| <b>Chair Recommendations</b>  |   |
|---|---|
| <input type="checkbox"/> Seat cushion   | <input type="checkbox"/> Remove armrests  |
| <input type="checkbox"/> Back cushion   | <input type="checkbox"/> New chair  |
| <input type="checkbox"/> Footrest   | <input type="checkbox"/>  |
| <b>Keyboard Recommendations</b>   |   |
| <input type="checkbox"/> Provide or replace keyboard tray   | <input type="checkbox"/> Split keyboard. Model:   |
| <input type="checkbox"/> Reposition keyboard tray   | <input type="checkbox"/> Keyboard without numeric pad <input type="checkbox"/> Separate numeric pad                       |
| <input type="checkbox"/> Corner sleeve  | <input type="checkbox"/> Rest break software  |
| <input type="checkbox"/> Wrist rest for keyboard  | <input type="checkbox"/>  |
| <b>Pointing Device Recommendations</b>  |   |
| <input type="checkbox"/> Mouse mate   | <input type="checkbox"/> Alternative mouse <input type="checkbox"/> Mouse with opposite hand                              |
| <input type="checkbox"/> Mouse bridge   | <input type="checkbox"/> Trackball with center ball design  |
| <input type="checkbox"/> Mouse pad  | <input type="checkbox"/> Increase speed of pointing device  |
| <input type="checkbox"/> Roller Station Mouse   | <input type="checkbox"/>  |
| <b>Monitor/Documents/Lighting Recommendations</b>   |   |
| <input type="checkbox"/> Monitor riser  | <input type="checkbox"/> Task lighting  |
| <input type="checkbox"/> Monitor arm  | <input type="checkbox"/> Light diffusers  |
| <input type="checkbox"/> Document holder  | <input type="checkbox"/> Remove overhead bulbs  |
| <b>Telephone Recommendations</b>  |   |
| <input type="checkbox"/> Headset  | <input type="checkbox"/> Softalk (Original) Shoulder Rest or Rest-a-Phone   |
| <input type="checkbox"/> Handset Lifter   | <input type="checkbox"/> Telephone Stand  |
| <b>Workstation Recommendations</b>  |   |
| <input type="checkbox"/> Reduce clutter   | <input type="checkbox"/> Obtain adjustable height desk, alternate sitting/standing*                                       |
| <input type="checkbox"/> Reorganize files   | <b>*Adjustable height desk is primarily for employees with chronic low back pain; must be approved prior to purchase.</b> |
| <input type="checkbox"/> Reposition CPU   |   |
| <input type="checkbox"/> Use CPU stand  | <input type="checkbox"/>  |
| Additional notes*:  |   |
| <hr/> <div style="display: flex; justify-content: space-between;"> <span>Evaluator's Name / Extension (print legibly)</span> <span>Date</span> </div> |   |