

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 When is your projected employment end date:

<input type="checkbox"/> Not experiencing discomfort <input type="checkbox"/> Has had some discomfort in past <input type="checkbox"/> Currently in discomfort <input type="checkbox"/> Discomfort interferes with work <input type="checkbox"/> Other: _____	Location of Discomfort: <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	Duration of Current Discomfort: <input type="checkbox"/> under 2 wks <input type="checkbox"/> over 2 wks	Refer to supervisor/EH&S? Y/N (Note: Symptoms over 2 weeks should be reported to supervisor &/or EH&S.)
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CHAIR	YES	NO	CHANGES MADE
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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
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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
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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
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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
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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 <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

Chair Recommendations	
<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"/>
Keyboard Recommendations	
<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"/>
Pointing Device Recommendations	
<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"/>
Monitor/Documents/Lighting Recommendations	
<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
Telephone Recommendations	
<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
Workstation Recommendations	
<input type="checkbox"/> Reduce clutter	<input type="checkbox"/> Obtain adjustable height desk, alternate sitting/standing*
<input type="checkbox"/> Reorganize files	
<input type="checkbox"/> Reposition CPU	
<input type="checkbox"/> Use CPU stand	
Additional notes*:	
<hr/> <div style="display: flex; justify-content: space-between;"> Evaluator's Name / Extension (print legibly) Date </div>	