

Appendix B

Ergonomic Evaluation Request

Please fill out form and submit to:

Risk Management via email to: Monica.esqueda@rccd.edu

Date: _____

Employee Name: _____

Department: _____

Work Station Location: _____

Campus: _____

Phone: _____ Email: _____

Supervisor Name: _____

Reason for Request: _____

As the supervisor for the employee named above, I acknowledge that I have been informed of this ergonomic evaluation request. By signing this request, I acknowledge that specific ergonomic equipment required may have to be purchased by my department and not Risk Management Services.

Supervisor Name: _____

For RMSP Staff Use Only:

Evaluation Authorized by: _____ Date: _____

Assigned to: _____ Date: _____

Date Evaluation Completed: _____

APPENDIX C

Ergonomic Computer Workstation Self-Evaluation Checklist

Employee		Date	
Job Title		Phone	
Dept/Div		Campus	
Supervisor		Phone	

This is a self-evaluation of your workstation that is designed to help identify items that may benefit from ergonomic improvements. The goal of this self-assessment is to help you set up your workstation for optimal comfort and performance. For more information, refer to the [National Institutes of Health, Office of Research Services, Division of Occupational Health and Safety website](#). Please submit questions and suggestions, as needed. Check YES or NO.

Chair/Seating	YES	NO	Sitting Posture	YES	NO
Is your chairs back/seat/height adjustable			Does the chair back seems correct		
Are the armrests adjustable			Chair seat height/depth seems correct		
Do your feet rest flat on the floor or a footrest			Back and seat tilt seem correct		
Does your chair provide support for your lower back			Do your armrests allow you to get close to your workstation		

Comments:

Workstation	YES	NO	Features	YES	NO
Does your desk height seems correct			Is your writing space within easy reach		
Is the under-desk space clear			Are frequently used items within easy reach?		

Comments:

Monitor	YES	NO	Monitor Viewing	YES	NO
Is your monitor centered for use			Is your monitor height slightly below eye level?		
Are multiple monitors being used			Is the distance to the screen 24–34 inches		

Comments:

Keyboard	YES	NO	Mouse	YES	NO
Is the Keyboard centered for use			Is your Mouse within easy reach		
Are you using a soft Keyboard wrist rest			Are you using a soft Mouse pad		
When using your keyboard and mouse, are your wrists straight and your upper arms relaxed? **			Is the mouse comfortable to use?		

Comments:

***The keyboard should be flat and not propped up on keyboard legs as an angled keyboard may place the wrist in an awkward posture when keying.*

Cell/Phone	YES	NO	Document viewing	YES	NO
Is your Phone within easy reach			I view documents while typing		
Is your phone used 2.5 hours or more daily**			Document holder in use		

Comments:

***if so you should be using a headset or speakerphone if you are writing or keying while talking on the phone*

Environment	YES	NO	Work Practices	YES	NO
Proper lighting			Do you take postural breaks every 30 minutes? <i>E.g. standing, walking to printer / fax etc.?</i>		
Proper temperature			Do you take eye breaks from looking at your monitor? <i>*Refocus on something else every 30 minutes</i>		

Comments:

Discomfort or symptoms:

***If you are having pain or discomfort and believe you have sustained a work-related injury please contact Medcor at 800-775-5866 and Bj.Cain@rccd.edu*

Additional Questions/Suggestions/Recommended Equipment:

Ergonomic Assessment conducted by: