



# MT. SAN ANTONIO COLLEGE ERGONOMIC WORKSTATION EVALUATION REPORT

The purpose of this report is to keep track of ergonomic evaluations that your department conducts. This report also assists Risk Services in providing information relating to the topic to our workers compensation carrier and the employee's doctor if necessary. Please fill out the form in its entirety.

**REPORT DISTRIBUTION:** Send to HR/Risk/Employee within five days of the evaluation. A copy should be kept within the reporting department for 3 years.

Name of Employee:		Title:	
Supervisor:		Length of Employment:	
Department:		Division:	
Date of Injury:		<input type="checkbox"/> Not Applicable	
Source of request: <input type="checkbox"/> Employee Request <input type="checkbox"/> Management Request <input type="checkbox"/> Other (specify)			
Address of Assessment (Address, bldg. and room number):			
Has any of the employee's workstations been evaluated in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What was the recommendation(s) if so?			
Vision: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Bi/Trifocals <input type="checkbox"/> N/A		Height:        ft.        in.        Dominant hand: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Equal	
<b>Symptoms:</b> i.e. (pain in wrist, back pain, neck pain, shoulder pain)			
<b>Medical Treatment:</b> Is employee currently seeking medical treatment for symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Does employee currently have restrictions?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is employee working with restrictions: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If yes, specify:	
<b>Daily Cumulative Hands-On Computer Usage:</b> Employee indicates that it is:			
<input type="checkbox"/> Very high (6 to 8 hours/day) <input type="checkbox"/> High (4 to 6 hours/day) <input type="checkbox"/> Moderate (2 to 4 hours/day) <input type="checkbox"/> Low (2 or less hours /day)			
Periodic Heavy Use (month-end reports, payroll, etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Multi-user station? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, do all users use the same equipment <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Work Functions:</b> Duties/activities that are fundamental to the overall purpose of the job. Examples include preparing reports, answering/directing calls, filing			
Primary Tasks		Duration	
		hours or	minutes per day
		hours or	minutes per day
		hours or	minutes per day
		hours or	minutes per day
<b>Work Tools and Methods</b> (if usage varies from day to day, use average)		<b>Amount of time performing task</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Computer Keyboard <input type="checkbox"/> Standard Straight <input type="checkbox"/> Alternative	hours	minutes/continuous <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Standard Mouse <input type="checkbox"/> Trackball <input type="checkbox"/> Alternative	hours	minutes/continuous <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Typewriter	hours	minutes/continuous <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone	hours	minutes/continuous <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Handwriting	hours	minutes/continuous <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Simultaneous phone and writing	hours	minutes/continuous <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Simultaneous phone and keying	hours	minutes/continuous <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	10-key calculator	hours	minutes/continuous <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stapler <input type="checkbox"/> Manual <input type="checkbox"/> Power	hours	minutes/continuous <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Stamp <input type="checkbox"/> Manual <input type="checkbox"/> Power	hours	minutes/continuous <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	hours	minutes/continuous <input type="checkbox"/> Yes <input type="checkbox"/> No

Workstation Type and Configuration	
Standard Office Desk(s) Set-Up <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> One Desk <input type="checkbox"/> Two Desks <input type="checkbox"/> Wrap Around or "U" Shape <input type="checkbox"/> Other, Describe:	
Computer Location: <input type="checkbox"/> Computer desk cart <input type="checkbox"/> Corner of two desks <input type="checkbox"/> On one desk <input type="checkbox"/> Other, Describe:	
Modular Furniture Set-Up <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> One Desk <input type="checkbox"/> Two Desks <input type="checkbox"/> Wrap Around or "U" Shape <input type="checkbox"/> "L" Shaped <input type="checkbox"/> Other, Describe:	
Computer Location: <input type="checkbox"/> Computer desk cart <input type="checkbox"/> Corner of two desks <input type="checkbox"/> On one desk <input type="checkbox"/> Other, Describe:	
Keyboard/Mouse	
Workstation is equipped with a keyboard tray? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is the keyboard tray used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If the keyboard tray is being used, does it have a mouse pad attached to it? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Chair Type	
Type: <input type="checkbox"/> Office Task <input type="checkbox"/> Executive Make:	Model No:
Adjustable Height: Up/Down <input type="checkbox"/> Yes <input type="checkbox"/> No	Adjustable Arms: Up/Down <input type="checkbox"/> Yes <input type="checkbox"/> No
Adjustable Back <input type="checkbox"/> Yes <input type="checkbox"/> No	Seat Slider <input type="checkbox"/> Yes <input type="checkbox"/> No
Workstation Equipment Used	
<input type="checkbox"/> Telephone Headset <input type="checkbox"/> Monitor Riser <input type="checkbox"/> Monitor Arm <input type="checkbox"/> Document Holder <input type="checkbox"/> Wrist Rest for Keyboard <input type="checkbox"/> Wrist Rest for Mouse	
<input type="checkbox"/> Other, specify:	
Recommendations	Type of equipment recommended: (specify brand and model number)
<input type="checkbox"/> Articulating Keyboard Tray	
<input type="checkbox"/> Document Holder	
<input type="checkbox"/> Foot Rest	
<input type="checkbox"/> Telephone Headset/Shoulder Rest	
<input type="checkbox"/> Electric Stapler/Electric Date Stamp	
<input type="checkbox"/> Monitor Riser	
<input type="checkbox"/> Other	
Were Ergonomic Handouts given to the employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, why?	
Narrative Report	
<u>Directions:</u> This portion of the report should be used to piece together all of the information noted above. A detailed narrative helps gain a better understanding of the individual and their work environment. This information will be helpful to the employee's doctor, department, Workers' Compensation Insurance Adjusters, and Risk Services.	
Observations and Findings	
Recommendations	
Evaluation conducted by:	Department: Risk Management
Date evaluation was completed:	