### Ergonomic Reporting and Ergonomic Evaluation

<table>
<thead>
<tr>
<th>Event</th>
<th>Description</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Time from perception of discomfort or pain until reporting to supervisor:</td>
<td></td>
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<tr>
<td></td>
<td>Time from perception of discomfort or pain until requesting ergonomic</td>
<td></td>
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<tr>
<td></td>
<td>evaluation:</td>
<td></td>
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<tr>
<td></td>
<td>Time from perception of discomfort or pain until reporting to Health Services:</td>
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<tr>
<td></td>
<td>Time from evaluation to completion of identified corrections:</td>
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<tr>
<td></td>
<td>Was supervisor involved in the ergonomic evaluation corrective action</td>
<td></td>
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<tr>
<td></td>
<td>discussion:</td>
<td></td>
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<tr>
<td></td>
<td>Was supervisor aware of instructions given by evaluator:</td>
<td></td>
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<tr>
<td></td>
<td>Did employee follow evaluator and medical instructions:</td>
<td></td>
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<tr>
<td></td>
<td>Did supervisor monitor employee's adherence to workstation and work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>conduct instructions:</td>
<td></td>
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<tr>
<td></td>
<td>Was discomfort or pain due to an increase / peak in work activity:</td>
<td></td>
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<tr>
<td></td>
<td>Did the onset of discomfort or pain follow a relocation or change in</td>
<td></td>
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<tr>
<td></td>
<td>furniture or computer equipment:</td>
<td></td>
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<tr>
<td></td>
<td>Was the activity initiating the discomfort or pain relate to a new work</td>
<td></td>
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<td></td>
<td>process:</td>
<td></td>
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<tr>
<td></td>
<td>Time relation to development of discomfort:</td>
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</tbody>
</table>

**Comments:**

**RSI Guard:**
- [ ] Installed
- [ ] Active
- [ ] Not Activated
- [ ] Activated During Current Eval

**Current Self-assessment Overall Risk Rating**
- Discomfort
  - [ ] High
  - [ ] Medium
  - [ ] Low
- Risk
  - [ ] High
  - [ ] Medium
  - [ ] Low

**Comments:**
### ERGO EHS Training
- [ ] JHA shows completion of EHS0059 Ergo Self-assessment for Computer Users
- [ ] JHA shows current completion of EHS0058 Ergo Self-assessment Refresher

### Ergo Eval History
- **Last Eval:**
  - Discomfort
  - Move
  - Routine Sweep
  - Work Load
  - Other
  - **Performed by:**
    - Ergonomist
    - Advocate
    - Other
  - Eval Recommendations Completed: [ ] No, [ ] Yes

### Prior Evals
- **Discomfort**
- **Move**
- **Routine Sweep**
- **Work Load**
- **Other**
- **Performed by:**
  - Ergonomist
  - Advocate
  - Other
  - Eval Recommendations Completed: [ ] No, [ ] Yes

### Additional prior evals documented in same fashion as above, but at end of document

### Move History
- **Recently Moved:** [ ] No, [ ] Yes

### Computer
- **Laptop**
- **Docking Station**
- **Remote Mouse**
- **Remote Monitor**
- **iPad**
- **Handheld**
- **Remote Keyboard**
- **Desktop**

### Monitor
- **Number of Monitors at Workstation**
- **Size**

### Desk
- **Fixed Height**
- **Adjustable**
- **Motorized**
- **Mechanical**
### Ergonomic Event Investigation Tool Kit

<table>
<thead>
<tr>
<th>Make</th>
<th>Model</th>
<th>Height</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Keyboard Tray [ ]
- Morency Rest [ ]
- Standing Mat [ ]
- Other [ ]

**Comments:**

<table>
<thead>
<tr>
<th>Mouse:</th>
<th>Left Hand</th>
<th>Type</th>
<th>Make</th>
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<tbody>
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</tbody>
</table>

* % Time or Hours Used

<table>
<thead>
<tr>
<th>Right Hand</th>
<th>Type</th>
<th>Make</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

* % Time or Hours Used

**Comments:**

<table>
<thead>
<tr>
<th>Keyboard:</th>
<th>Type</th>
<th>Make</th>
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<tbody>
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<td></td>
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</tbody>
</table>

* % Time or Hours Used

**Ten Key:**

- In Keyboard [ ]
- Remote [ ]

* % Time or Hours Used

**Comments:**

<table>
<thead>
<tr>
<th>Chair:</th>
<th>Make</th>
<th>Model</th>
<th>Type of Wheels</th>
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</thead>
<tbody>
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</tbody>
</table>

**Adjusted by:**

- Self [ ]
- Ergo Advocate [ ]
- Ergonomist [ ]

**Floor mat used:**

- Yes [ ]
- No [ ]

**Size:** (x ft by y ft)

- Hard Plastic [ ]
- Soft cushion rubber [ ]

**Comments:**

<table>
<thead>
<tr>
<th>Other Issues:</th>
<th>Floor uneven [ ]</th>
<th>Floor not level [ ]</th>
<th>Wires / other [ ]</th>
<th>Glare [ ]</th>
<th>Lighting [ ]</th>
<th>Broken Equipment [ ]</th>
</tr>
</thead>
</table>

**Comments:**

**Habits:**

- Time Sitting (hrs)
- Time Standing (hrs)

**Are personally initiated breaks taken?**

- Yes [ ]
- No [ ]

**Frequency of personal break**

**Duration of personal break**
<table>
<thead>
<tr>
<th><strong>Breaks:</strong> Break reminder software used</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of automated break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration of automated break</td>
<td></td>
<td></td>
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<tr>
<td>RSI Guard break compliance</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Travel:</strong></th>
<th>Yes</th>
<th>No</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
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</tbody>
</table>

What type of electronic devices are primarily used during travel (describe duration of use in comment line below):
- Laptop
- iPad
- Handheld
- Smart Phone
- Onsite Desktop
- Other

<table>
<thead>
<tr>
<th><strong>Work at Home:</strong></th>
<th>Yes</th>
<th>No</th>
<th># of Hours</th>
<th>Days/Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
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<tr>
<td>Yes</td>
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<tr>
<td>No</td>
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<tr>
<td>During normal business hours in lieu of being at Lab location</td>
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<tr>
<td># of hours</td>
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<tr>
<td>Daily</td>
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<tr>
<td>Yes</td>
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<tr>
<td>No</td>
<td></td>
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<tr>
<td>Evening only after work at Lab location</td>
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<tr>
<td># of hours</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Weekly</th>
<th>Yes</th>
<th>No</th>
<th># of Hours</th>
<th>Days/Week</th>
</tr>
</thead>
<tbody>
<tr>
<td># days per week</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekly</td>
<td>Yes</td>
<td>No</td>
<td># of Hours</td>
<td>Days/Week</td>
</tr>
<tr>
<td># days per week</td>
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<td></td>
<td></td>
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<tr>
<td># of hours</td>
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</tr>
</tbody>
</table>
Comments:  

- Periodically  Yes  No  During normal business hours in lieu of being at Lab location  
  frequency (days/mo)  # of hours  
- Periodically  Yes  No  Evening only after work at Lab location  
  frequency (days/mo)  # of hours  

Telecommute Agreement  
Ergo eval completed for home office  

- Fixed workstation (desktop)  Laptop  Remote Mouse  
- Remote Keyboard  Remote Display  

Why is work done at home?  

Comments:  

Phone Use:  Handset  Cradle with neck  Headset used  

- Hours per day of phone use  
- Typical conversation length  Long (>10 min)  Med (5-10 min)  Short (<5 min)  

Comments:  

Work Profile:  Document  Email  Data Entry  

- # of hours/day  
- Data Manipulation  Cut and Paste  Unique Data Systems (travel, etc.)  
- # of hours/day  
- Proposals  Procurement Docs  
- # of hours/day  

Comments:  

rev 6/10/13
**Computer Work Load:**
- □ Consistant Level
- □ High
- □ Moderate
- □ Low

**Comments:**

- □ Peaks  □ Weekly  □ Monthly  □ Annual  □ Other

Duration (use comments section for further description)

- □ Hours  □ Days  □ Weeks  □ Months  □ Other

**Corrective Eyewear:**
- Employee uses: □ Yes  □ No

**Type:**
- □ Frames
- □ Contacts

**Correction:**
- □ Reading Only
- □ Computer Only
- □ Worn At All Times

**History:**
- Has worn corrective eyewear for:
  - □ >1 yr
  - □ 6 to 12 months
  - □ 3 to 6 months
  - □ 1 to 3 months
  - □ < 1 month

**Age of eyewear worn at time of injury:**
- □ >1 yr
- □ 6 to 12 months
- □ 3 to 6 months
- □ 1 to 3 months
- □ < 1 month