OFFICE ERGONOMIC QUESTIONNAIRE

Employee Name: _______________  Department: _______________

Location: Room _______, Building _________  Date: __________

Ergonomic Overview - Please complete this office ergonomic questionnaire before your scheduled evaluation. Prior to your individual on-site ergonomic evaluation, the EH&S representative will:

1) Explain neutral position concept and practical application.

2) Offer recommendations that have been very successful in the past with similar workstation and job tasks - need to pick and choose for personal use.

3) Recommend micro-breaks (10 minutes) every 45-50 minutes of intense keyboard or mouse PC work. During micro-breaks, suggest standing up, moving around (restroom, water/coffee, meeting, etc.), re-focus eyes on distant objects, and doing several exercises to reduce fatigue (wrist, shoulder, and neck extension/roll).

4) Explain static/stationary fatigue concept and recommended use of a wide variety of sitting positions throughout the workday to help reduce it.

List of Current Ergonomic Tools/Furniture - Chair Adj.__ or Non-Adj. __, (Adj. Armrests)__; Desk Type ____________; Soft Keyboard and Mouse Wristrests __; Adj. Keyboard and Mouse tray __; Monitor Risers ___; Non-Adj. keyboard/mouse tray ___; Footrest ___; Headset __________; Other _____________________________________________________.

Brief Job Task Description - Works on PC __ hours a day requiring ___% keyboard and ___% mouse work. Intensive telephone or filing work ____. #Hrs. on job ____. Current job __ yr. Past job w/PC __ yr. Bifocals ___. Other _____________________________________________________.

Employee Input (health complaints/workstation improvements) - Chronic Pain: __wrist; __hand; __shoulder; __foot; __back; __neck; __arm; __eye. Other _____________________________________________________.
Past health issues ____________. Repetitive hobby/activity (___home PC work, __piano, __knit, __tennis, __racquetball, _______other). Suggested improvement _______________________________________________.