



# Individual Ergonomic Assessment and Recommendations

Client organization:	ABC Inc.			Partner organization:	Atlas Ergonomics
Location:	Detroit, MI			Evaluator:	David Brodie
Employee name:	Jane Doe	Ergonomic risk:	Moderate	Evaluator phone:	(919) 841-9645
Employee phone:	(919) 555-5555	Discomfort risk:	Extreme	Evaluator email:	dbrodie@atlasergo.com
Employee email:	jdое@hotmail.com	Other concerns:	No	Evaluation date:	6/29/2006

**Contact Log**

Received request from ABC Inc. to perform evaluation of Jane Doe, HR Manager, on 06/21/06. Ms. Doe completed the online assessment on 06/24/06. An onsite visit and evaluation was scheduled for 6/29/06. Report completed and submitted to C.E.Owner on 6/30/06.

## Discomfort Data

Assessment Information				Standard Recommendations			Other Recommendations	Action / Purchase Suggested		Completion
Area	Frequency	Severity	F x S							
Eyestrain:	2.95	2	5.90	Screen contrast <input type="checkbox"/>	Minimize glare <input type="checkbox"/>			Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
Head and Neck:	3.95	4	15.80		Heat / Ice <input type="checkbox"/>	Stretching <input checked="" type="checkbox"/>		Act <input checked="" type="checkbox"/>	Buy <input type="checkbox"/>	Completed
Shoulders:	2.95	3	8.85		Heat / Ice <input type="checkbox"/>	Stretching <input checked="" type="checkbox"/>		Act <input checked="" type="checkbox"/>	Buy <input type="checkbox"/>	Completed
Elbows:	1.9	2	3.80		Heat / Ice <input type="checkbox"/>	Stretching <input type="checkbox"/>		Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
Wrists/Hands:	4.7	3.9	18.33	Soft splint <input type="checkbox"/>	Heat / Ice <input type="checkbox"/>	Stretching <input checked="" type="checkbox"/>		Act <input checked="" type="checkbox"/>	Buy <input type="checkbox"/>	Completed
Wrists/Hands:	1.9	2	3.80	Lumbar support <input type="checkbox"/>	Heat / Ice <input type="checkbox"/>	Stretching <input type="checkbox"/>		Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
Lower Back:	2.95	3.9	11.51	Lumbar support <input type="checkbox"/>	Heat / Ice <input type="checkbox"/>	Stretching <input checked="" type="checkbox"/>		Act <input checked="" type="checkbox"/>	Buy <input type="checkbox"/>	Completed
Hips/Thighs:	2.95	2	5.90	Footrest <input type="checkbox"/>	Heat / Ice <input type="checkbox"/>	Stretching <input type="checkbox"/>		Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
Knees:	1.9	1.95	3.71	Footrest <input type="checkbox"/>	Heat / Ice <input type="checkbox"/>	Stretching <input type="checkbox"/>		Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
Ankles/Feet:	1.1	1.2	1.32	Footrest <input type="checkbox"/>	Heat / Ice <input type="checkbox"/>	Stretching <input type="checkbox"/>		Act <input type="checkbox"/>	Buy <input type="checkbox"/>	

Frequency: 1=Never, 2=Rarely, 3=Occasionally, 4=Frequently, 5=Continuous; Severity: 1=None, 2=Minimal, 3=Moderate, 4=Significant, 5=Intolerable

## Seating

Assessment Information				Standard Recommendations			Other Recommendations	Action / Purchase Suggested		Completion
Current chair adjustments:	Seat Height <input checked="" type="checkbox"/>	Arm Height <input checked="" type="checkbox"/>	Arm Width <input checked="" type="checkbox"/>					Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
	Seat Depth <input type="checkbox"/>	Lumbar Support <input checked="" type="checkbox"/>	Tilt Lock <input checked="" type="checkbox"/>							

Average hours of daily computing (home and work):	< 2 hours <input type="radio"/>								
	2 - 4 hours <input type="radio"/>		Provide chair with seat height, arm height, and arm width adjustments <input type="checkbox"/>			Act <input type="checkbox"/>	Buy <input type="checkbox"/>		
	> 4 hours <input checked="" type="radio"/>		Provide chair with seat height, arm height, arm width, lumbar height, and tilt lock adjustments <input type="checkbox"/>						
Height and weight:	5'8" <input checked="" type="radio"/>	135 lbs. <input type="radio"/>		If > 270 lbs provide special chair <input type="checkbox"/>	If > 6'4" or < 5'1" provide special chair <input type="checkbox"/>			Act <input type="checkbox"/>	Buy <input type="checkbox"/>
Chair fits relative to width:	Yes <input checked="" type="radio"/>	No <input type="radio"/>		Provide new chair <input type="checkbox"/>				Act <input type="checkbox"/>	Buy <input type="checkbox"/>
Waterfall front:	Yes <input checked="" type="radio"/>	No <input type="radio"/>		Provide new chair <input type="checkbox"/>				Act <input type="checkbox"/>	Buy <input type="checkbox"/>
Work station:	Single user <input checked="" type="radio"/>	Multi user <input type="radio"/>		If multi user provide chair with adj. seat depth <input type="checkbox"/>				Act <input type="checkbox"/>	Buy <input type="checkbox"/>

### Keyboard & Mouse

Assessment Information				Standard Recommendations			Other Recommendations	Action / Purchase Suggested		Completion
Keyboard is positioned on:	Adjustable keyboard tray <input checked="" type="radio"/>	Work surface <input type="radio"/>					Current trackball places wrist in extension. Recommend neutral mouse.	Act <input type="checkbox"/>	Buy <input checked="" type="checkbox"/>	Completed
Adjustable height work surface:	Yes <input type="radio"/>	No <input checked="" type="radio"/>						Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
Average hours of daily computing (home and work):	< 2 hours <input type="radio"/>									
	2 - 4 hours <input type="radio"/>		Keyboard mechanism <input type="checkbox"/>	Footrest <input checked="" type="checkbox"/>	Adj. height table <input type="checkbox"/>	Provide footrest for proper support of legs and feet.	Act <input type="checkbox"/>	Buy <input checked="" type="checkbox"/>	Completed	
	> 4 hours <input checked="" type="radio"/>									
Work station:	Single user <input checked="" type="radio"/>	Multi user <input type="radio"/>		If multi user:	Keyboard tray <input type="checkbox"/>	Adj. height table <input type="checkbox"/>		Act <input type="checkbox"/>	Buy <input type="checkbox"/>	

### Peripherals

Assessment Information				Standard Recommendations			Other Recommendations	Action / Purchase Suggested		Completion
Type of computer:	Laptop <input type="radio"/>	Desktop <input checked="" type="radio"/>						Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
If a laptop, which are used:	External mouse <input type="checkbox"/>	External keyboard <input type="checkbox"/>	External monitor <input type="checkbox"/>					Act <input type="checkbox"/>	Buy <input type="checkbox"/>	

Average hours of daily computing (home and work):	< 2 hours <input type="radio"/>							
	2 - 4 hours <input type="radio"/>		Ext. mouse <input type="checkbox"/>	Ext. keyboard <input type="checkbox"/>			Act <input type="checkbox"/>	Buy <input type="checkbox"/>
	> 4 hours <input checked="" type="radio"/>				Ext. monitor <input type="checkbox"/>			

**Monitor**

Assessment Information				Standard Recommendations			Other Recommendations	Action / Purchase Suggested		Completion
Directly in front of user:	Yes <input checked="" type="radio"/>	No <input type="radio"/>		Move monitor to midline position <input type="checkbox"/>				Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
Are glasses worn:	Yes <input type="radio"/>	No <input checked="" type="radio"/>						Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
If yes, what type of glasses:	Single lens <input type="radio"/>	Bi-focal <input type="radio"/>	Tri-focal <input type="radio"/>					Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
Top line is just below eye level (3" for bi-focal or tri-focal users):	Yes <input type="radio"/>	No <input checked="" type="radio"/>		Raise monitor <input type="checkbox"/>	Lower monitor <input checked="" type="checkbox"/>	Monitor lift <input type="checkbox"/>	Lower monitor 3" (just above document holder)	Act <input checked="" type="checkbox"/>	Buy <input type="checkbox"/>	Completed
Monitor is an arms length away:	Yes <input type="radio"/>	No <input checked="" type="radio"/>		Increase distance <input type="checkbox"/>	Decrease distance <input checked="" type="checkbox"/>		Move monitor 6" towards front of desk.	Act <input checked="" type="checkbox"/>	Buy <input type="checkbox"/>	Completed
Monitor is reasonably free of glare:	Yes <input checked="" type="radio"/>	No <input type="radio"/>		Tilt <input type="checkbox"/>	Rotate <input type="checkbox"/>	Glare screen <input type="checkbox"/>		Act <input type="checkbox"/>	Buy <input type="checkbox"/>	

**Source Documents**

Assessment Information				Standard Recommendations			Other Recommendations	Action / Purchase Suggested		Completion
Is there a movable task light:	Yes <input checked="" type="radio"/>	No <input type="radio"/>						Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
Is there a document holder:	Yes <input checked="" type="radio"/>	No <input type="radio"/>						Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
If yes, what position is it located:	Right <input type="radio"/>	Left <input type="radio"/>	Midline <input checked="" type="radio"/>					Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
If yes, single or double page:	Single page <input type="radio"/>	Double page <input checked="" type="radio"/>						Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
If no, type of documents:	Single page <input type="radio"/>	Double page <input type="radio"/>	None <input type="radio"/>					Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
Hours/day of source document use:	2 or less hours <input type="radio"/>	> 2 hours <input checked="" type="radio"/>		Single page doc. holder <input type="checkbox"/>	Double page doc. holder <input type="checkbox"/>	Task light <input type="checkbox"/>		Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
If > 2 hrs, dominant eye:	Right <input type="radio"/>	Left <input type="radio"/>		Position to midline <input type="checkbox"/>	Position to dominant eye <input type="checkbox"/>			Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
Same height and distance as monitor:	Yes <input checked="" type="radio"/>	No <input type="radio"/>		Adjust location <input type="checkbox"/>	If > 2 hours, new document holder <input type="checkbox"/>			Act <input type="checkbox"/>	Buy <input type="checkbox"/>	

**Telephone**

Assessment Information			Standard Recommendations			Other Recommendations	Action / Purchase Suggested		Completion
Is there a headset:	Yes <input type="radio"/>	No <input checked="" type="radio"/>				Private office; use speakerphone for longer calls.	Act <input checked="" type="checkbox"/>	Buy <input type="checkbox"/>	Decline
Hours/day on the phone:	2 or less hours <input checked="" type="radio"/>	> 2 hours <input type="radio"/>		If > 2 hours provide headset <input type="checkbox"/>			Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
Head upright & shoulders are relaxed:	Yes <input type="radio"/>	No <input checked="" type="radio"/>		Re-position phone <input type="checkbox"/>	Educate user <input type="checkbox"/>		Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
Position of telephone keypad:	Right of monitor <input checked="" type="radio"/>	Left of monitor <input type="radio"/>				Move phone to left side of monitor.	Act <input checked="" type="checkbox"/>	Buy <input type="checkbox"/>	Completed
Dominant hand:	Right <input checked="" type="radio"/>	Left <input type="radio"/>		Position telephone to non-dominant side <input type="checkbox"/>			Act <input type="checkbox"/>	Buy <input type="checkbox"/>	

### Workstation Fitting

Assessment Information			Standard Recommendations			Other Recommendations	Action / Purchase Suggested		Completion	
Trunk is perpendicular to the floor:	Yes <input type="radio"/>	No <input checked="" type="radio"/>		Adjust chair <input checked="" type="checkbox"/>	Provide new chair <input type="checkbox"/>	Adjust monitor depth <input checked="" type="checkbox"/>		Act <input checked="" type="checkbox"/>	Buy <input type="checkbox"/>	Completed
Shoulders and upper arms are relaxed:	Yes <input checked="" type="radio"/>	No <input type="radio"/>		Lower armrests <input type="checkbox"/>	Lower work surface <input type="checkbox"/>	Raise chair (footrest?) <input type="checkbox"/>		Act <input checked="" type="checkbox"/>	Buy <input type="checkbox"/>	Completed
No reaching for keying/mousing:	Yes <input checked="" type="radio"/>	No <input type="radio"/>		Re-position mouse <input type="checkbox"/>	Adjust keyboard tray <input type="checkbox"/>			Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
Wrists and hands are reasonably straight:	Yes <input type="radio"/>	No <input checked="" type="radio"/>		Create gentle downward slope from armrest to keyboard <input checked="" type="checkbox"/>				Act <input checked="" type="checkbox"/>	Buy <input type="checkbox"/>	Completed
Thighs and lower legs positioned correctly:	Yes <input type="radio"/>	No <input checked="" type="radio"/>		Raise chair <input type="checkbox"/>	Lower chair <input type="checkbox"/>	Provide footrest <input checked="" type="checkbox"/>		Act <input type="checkbox"/>	Buy <input checked="" type="checkbox"/>	Completed
Feet rest on the floor or a stable footrest:	Yes <input checked="" type="radio"/>	No <input type="radio"/>		Raise chair <input type="checkbox"/>	Lower chair <input type="checkbox"/>	Provide footrest <input checked="" type="checkbox"/>	Current "footrest" does not provide support.	Act <input type="checkbox"/>	Buy <input checked="" type="checkbox"/>	Completed
Chair provides support for the spine:	Yes <input type="radio"/>	No <input checked="" type="radio"/>		Adjust lumbar <input checked="" type="checkbox"/>	Adjust seat depth <input type="checkbox"/>	Provide new chair <input type="checkbox"/>	Backrest height and angle adjusted.	Act <input checked="" type="checkbox"/>	Buy <input type="checkbox"/>	Completed
There is clearance behind the knees:	Yes <input checked="" type="radio"/>	No <input type="radio"/>		Adjust seat depth <input type="checkbox"/>	Provide new chair <input type="checkbox"/>			Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
Armrests support both forearms:	Yes <input checked="" type="radio"/>	No <input type="radio"/>		Adjust armrests <input type="checkbox"/>	Provide new chair <input type="checkbox"/>			Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
Wrists/hands are free of sharp/hard edges:	Yes <input checked="" type="radio"/>	No <input type="radio"/>		Create gentle downward slope from armrest to keyboard <input type="checkbox"/>		Provide wrist rest <input type="checkbox"/>		Act <input type="checkbox"/>	Buy <input type="checkbox"/>	
Adequate space and clearance for legs:	Yes <input checked="" type="radio"/>	No <input type="radio"/>		Clear space <input type="checkbox"/>	Move work station <input type="checkbox"/>			Act <input type="checkbox"/>	Buy <input type="checkbox"/>	

### Activity Summary

Activity	Complete	Notes
1. Complete assessment of employee, task, and environment:	Completed	
2. Identified recommendations to be considered by the employer (shown above):	Completed	

3. Completed short-term recommendations (shown above):	Completed	
4. Adjust work station for employee:	Completed	
a. Chair (seat height, lumbar height, arm rest height, seat depth, tilt lock)	Completed	
b. Footrest (if applicable)	Completed	Provide new footrest.
c. Keyboard and mouse height and location	Completed	
d. Wrist rest (if applicable)	N/A	
e. Monitor height, tilt, depth, and location	Completed	
f. Document holder (if applicable)	Completed	
g. Task light (if applicable)	Completed	
h. Telephone	Completed	
i. Lighting	Completed	
5. Provided employee with a work station fitting guide:	Completed	
6. Reviewed potential stretching exercises with the employee:	Completed	
7. Provide employee with a stretching guide:	Completed	
8. Other	N/A	