

# Ergonomic Evaluation Request

Please fill out form and submit to:

**Risk Management**

Email to [Monica.esqueda@rccd.edu](mailto:Monica.esqueda@rccd.edu)

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Work Station Location: \_\_\_\_\_

Campus: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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 A

## Ergonomic Computer Workstation Self-Evaluation Checklist

Employee	Date
Job Title	Phone
Dept/Div	Campus
Supervisor	Phone

*This is a self-evaluation of your computer workstation that is designed to help identify items that may benefit from ergonomic improvements. This questionnaire must be completed before an Ergonomic Workstation Evaluator can conduct an assessment of your workstation. Please submit questions and suggestions, as needed. Check YES or NO.*

Chair/Seating	YES	NO	Sitting Posture	YES	NO
Adjustable back height			Chair back seems correct		
Adjustable seat height			Chair seat height seems correct		
Adjustable armrests			Chair seat depth seems correct		
5-Caster chair base			Back and seat tilt seem correct		
My feet rest flat on the floor			Armrest support seems correct		
My feet rest on a footrest			Chair (or adjustments) are broken		
Comments:					
Workstation	YES	NO	Features	YES	NO
Rectangular desk			Writing space within easy reach		
L or U shaped desk			Desk supplies within easy reach		
Computer cart			Under-desk space clear		
Desk height seems correct			Overhead shelf or bin(s) in use		
Comments:					
Monitor	YES	NO	Monitor Viewing	YES	NO
Monitor is centered for use			Top of screen is at eye level		
Monitor tilt seems correct			Distance to screen is 24–34 inches		
Screen images are clear			Desktop image fills screen		
Comments:					
Keyboard	YES	NO	Mouse	YES	NO
Keyboard is centered for use			Mouse is within easy reach		
Keyboard seems at proper height			Mouse at same level as keyboard		
Keyboard wrist rest in use			Mouse pad and wrist rest in use		
Phone	YES	NO	Document viewing	YES	NO
Phone is within easy reach			I view documents while typing		
Phone is used 2½ hours per day			Document holder in use		
Comments:					
Environment	YES	NO	Work Practices	YES	NO
Proper lighting			I take task breaks and rest breaks		
Proper temperature			I do stretch break exercises		
Comments:					
Discomfort or Symptoms:					
Additional Questions/Suggestions:					