

Request for Ergonomic Assessment

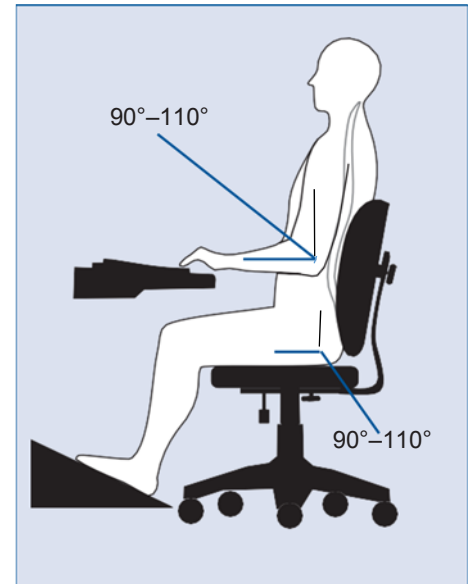
(Please ensure your supervisor is aware of this request)

Request Date:

Employee Name & Position:

Supervisor Name:

Location:



Reason for request: (if you are currently experiencing any discomfort please detail)

As part of our participatory ergonomic initiative please complete the following:

[Participatory ergonomics is defined as “involving people in planning and controlling a significant amount of their own work activities, with sufficient knowledge and power to influence both processes and outcomes in order to achieve desired goals” (Wilson 1995)].

Yes No

		When using your keyboard or mouse, are your forearms horizontal, at about a 90 degree (right) angle at the elbow, with shoulders and upper arms relaxed?
		Are your wrists in a straight position when using your keyboard or mouse?
		When you look at the screen, is your head upright (not bent forward or backward)?
		Is your lower back supported by the curved part of the chair backrest?
		When you are seated, are your thighs resting horizontally with a 90–110 degree angle at the hips?
		Are you able to sit without feeling pressure from the chair seat on the back of your thighs or knees?
		Are your feet fully supported by the floor or a footrest?
		Does your daily computer work exceed 4 hrs/day
		Do you frequently use documents for data transfer

Submits to Human Resources, Attention: Health & Safety Officer.