

GENERAL OFFICE PRE ERGONOMIC EVALUATION FORM

This information is being collected in advance of the requested ergonomic assessment for the purpose of better understanding how we can assist you with your workstation comfort and ergonomic needs.

Do you have a medical condition related to your complaint? Yes No

**If Yes, do not fill out this form. Please contact the [Disability Access Office](#) at (951) 955-3510 or email: ADA@rivco.org*

Date	Employee Name	Employee #	Phone
Employee's Supervisor	Employee #	Phone	Department
Work Address	Suite #	City	Zip
			Floor

Reason for Evaluation

	New Workstation	Employee Request	Supervisor Request	Physician Request
Supervisor has approved and requested this evaluation on your behalf:		Yes	No	
Was evaluation requested by Workers' Compensation physician?		Yes	No	
Have you received Repetitive Motion Injury (RMI) Prevention training?		Yes	No	If yes when: _____
Gender	Please indicate your dominate hand:		Right	Left
Female Male				Ambidextrous
Do you wear corrective lenses?	Yes	No	Reading	Bifocal Trifocal Contacts
Height	How long have you worked in your current position?		0-6 m's	7-12 m's
Feet Inches	How long at your current workstation?		0-6 m's	7-12 m's
Current work schedule	Do you work full time?		Yes	No
9/80 4/10			If no, please explain: _____	
5/8	Is your workstation used by another person?		Yes	No
Other please explain	If yes, please explain: _____			

Indicate the number of hours you spend each work day doing the following.

Note: Total hours may exceed hours worked in a day as you may perform some of these tasks simultaneously.

Typing:		Mousing:		Phone:		Field Activities:		Other:	
Filing:		Writing:		Reading:		Lifting/Pushing:			

Briefly describe each activity you've identified: _____

On average, how many hours per day do you spend using a work computer?

1-3 4-7 8+

Explain: _____

On average, how many hours times do you get up from you workstation computer?

0-3 4-8 9+

Explain: _____

Please indicate your typing skill level:	Hunt and Peck	Average	Proficient	How many hours do you spend on the phone per day: _____
Do you cradle the phone between your head and neck?	No	Some	Always	
My job responsibilities require me to lift/push (i.e., files, boxes, supplies, materials, etc.)	No	Some	Always	

WORKSTATION	Yes	No		Yes	No	
My workstation chair is adjustable:				My workstation has a document holder:		
I am familiar with the chair adjustments:				--- If yes, do you use the document holder?		
My workstation has a keyboard tray:				My workstation has a footrest:		
I am familiar with the keyboard tray adjustments:				--- If yes, do you use the footrest?		
My workstation has a functioning phone headset:				I have a sit/stand workstation		
--- If yes, do you use the headset?						
HOME COMPUTING	Yes	No		MOBILE DEVICE(S)	Yes	No
Is your home workstation ergonomically friendly:				Do you text often?		
Do you use an ergonomic chair?				Do you navigate through social media?		
Average, how many hours per day do you spend using a home computer?			What type of home computer do you use?	Do you use a tablet?		
0-1	2-3	4+	Desktop	How many hours in a day? (tablet) _____		
			Laptop			
			Notebook			

Briefly describe all your job responsibilities:

Example: *Month-end reports which require extensive use of spreadsheets. I stock supplies which requires me to lift boxes weighing 5 lbs.*
