

North Carolina State University Ergonomic Evaluation Form

Date: _____ Employee Name: _____ Phone: _____

Dept. of Employment: _____ Bldg/Room: _____

Occupation: _____ Supervisor: _____ Analyst Name: _____

Employee Contractor Canceled Appointments N/A 1 2 More than one Kb/Mouse Y N

Task Description / Software: _____

Computer Use: < 1/2 Hr. Intervals throughout day, 1-2 Hr. Intervals throughout day, Other: _____
 Cumulative Use: < 1 Hr., 1-3 Hrs., 3-4 Hrs., > 4 Hrs. Other: _____

CHAIR

	<u>N/A</u>	<u>Initial</u>		<u>Follow-up</u>
1. Seat height, pan, & back are adjustable?.....		[] Y [] N		[] Y [] N
2. Seat back locks in vertical position?		[] Y [] N		[] Y [] N
3. Lumbar supported?		[] Y [] N		[] Y [] N
4. Center point of hip at same height or slightly higher than center point of knee?.....		[] Y [] N		[] Y [] N
5. 2-4" Space between back of knees and edge of chair?		[] Y [] N		[] Y [] N
6. Feet resting on floor or footrest?		[] Y [] N		[] Y [] N
7. Clearance for legs under desk or work surface?.....		[] Y [] N		[] Y [] N
8. Armrests do not interfere with correct keyboard position?	[]	[] Y [] N		[] Y [] N

MONITOR

	<u>N/A</u>	<u>Initial</u>		<u>Follow-up</u>
9. Monitor is centered in front of operator?	[]	[] Y [] N		[] Y [] N
10. Task screen eye level is centered at a point 2-3" below the top of the monitor?....		[] Y [] N		[] Y [] N
11. If bifocals are worn, then is the task screen positioned lower than previous question?.. []		[] Y [] N		[] Y [] N
12. Distance between operator and monitor allows for focus (18-24")?		[] Y [] N		[] Y [] N
13. Neither glare nor perceptible flicker is noticeable on the monitor?		[] Y [] N		[] Y [] N
14. Copyholder placed at same height as monitor during continuous typing/mouse work?.. []		[] Y [] N		[] Y [] N
15. If copyholder is used, it is placed on the same side as operator's dominant eye? .. []		[] Y [] N		[] Y [] N

KEYBOARD/MOUSE

	<u>N/A</u>	<u>Initial</u>		<u>Follow-up</u>
16. Keyboard and mouse are <u>detached</u> from monitor & <u>centered</u> in front of operator?		[] Y [] N		[] Y [] N
17. Keyboard and mouse lie flat on a work surface and at the same height?		[] Y [] N		[] Y [] N
18. Neutral back posture?		[] Y [] N		[] Y [] N
19. Shoulder relaxed with arms resting at operator's sides?		[] Y [] N		[] Y [] N
20. Upper arm vertical, lower arm horizontal with a 90-95 degree bend in elbow?		[] Y [] N		[] Y [] N
21. Neutral wrist position?		[] Y [] N		[] Y [] N
22. Does operator use a wrist rest or mouse rest?		[] Y [] N		[] Y [] N
23. Palms/wrist <u>NOT resting</u> on wrist rest or desk edge <u>while typing</u> ?		[] Y [] N		[] Y [] N
24. Using soft key strike?		[] Y [] N		[] Y [] N
25. Practicing 1-min. work related break for every 20-mins. of continuous typing/mouse work?		[] Y [] N		[] Y [] N
26. Mouse / trackball use - Does operator alternate between left and right hand?.....		[] Y [] N		[] Y [] N
27. Does operator use?.....[] Mouse, [] Trackball, [] Touch Pad, [] N/A, [] Other: _____		[] Y [] N		[] Y [] N

TELEPHONE

	<u>N/A</u>	<u>Initial</u>		<u>Follow-up</u>
28. Located on opposite side of dominant hand?.....	[]	[] Y [] N		[] Y [] N
29. Phone held with hand and not with elevated shoulder?	[]	[] Y [] N		[] Y [] N
30. Phone close to operator, avoiding extended reach?	[]	[] Y [] N		[] Y [] N
31. Cumulative length of phone use each day? [] < 1 hr, [] 1-4 hrs, [] > 4 hrs, [] Other: _____				

EQUIPMENT RECOMMENDATIONS

- | | | |
|--|--|---|
| <input type="checkbox"/> Wrist and/or Mouse Rest | <input type="checkbox"/> Glare Screen | <input type="checkbox"/> Chair: <input type="checkbox"/> w/ arms <input type="checkbox"/> w/ out arms |
| <input type="checkbox"/> Keyboard Tray w/ Adjustable Arm | <input type="checkbox"/> Copyholder | <input type="checkbox"/> Desk / Workstation |
| <input type="checkbox"/> Monitor Risers # _____ | <input type="checkbox"/> Foot Rest | <input type="checkbox"/> Headset |
| <input type="checkbox"/> Monitor Arm | <input type="checkbox"/> Back Support or Cushion | <input type="checkbox"/> Other: _____ |