### 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:** [ ] <½ 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**

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**

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**

16. Keyboard and mouse are detached from monitor & centered 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 NOT resting on wrist rest or desk edge while typing? ………………... [ ] 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: __________________________

**TELEPHONE**

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**

[ ] Wrist and/or Mouse Rest  [ ] Glare Screen  [ ] Chair: [ ] w/ arms [ ] w/ out arms
[ ] Keyboard Tray w/ Adjustable Arm  [ ] Copyholder  [ ] Desk / Workstation
[ ] Monitor Risers # ____________________  [ ] Foot Rest  [ ] Headset
[ ] Monitor Arm  [ ] Back Support or Cushion  [ ] Other: __________________________

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