



## Ergonomics Assessment Program

Ergonomics is the study of people and their interaction with the elements of their job or task including equipment, tools, facilities, processes and environment. In a more practical sense, ergonomics is the science of human comfort, fitting the task or job to the person.

### Purpose

The purpose of this ergonomics program is to eliminate work-related ergonomic risk factors and prevent or reduce workplace-acquired injuries. To accomplish this we will elicit management leadership and employee involvement in the identification, correction and elimination of such risk factors.

### What to do if you are experiencing pain or discomfort

If you are experiencing any pain or discomfort while working at your computer workstation or while performing any other job function, stop and inform your supervisor. You and your supervisor should call the RESIG Injury Line at (707) 836-7457 to report your discomfort.

### Checklist for an Ergonomically Correct Workstation

Creating an ergonomic workstation is easier than you might think, and the payoff can be huge. Prior to requesting an Ergonomic Assessment, use our quick checklist which can help get you on your way to a more comfortable workstation that works for you.

### Requesting an Ergonomic Assessment

- First, notify your supervisor that you would like an ergonomic evaluation.
- Complete the Request for Workstation Ergonomic Evaluation Form
- Fax the completed form to RESIG at (707) 836-8374 or email to: [aprophet@resig.org](mailto:aprophet@resig.org) or [kcook@resig.org](mailto:kcook@resig.org)

*Please note: If you have been injured, and you feel the injury is work-related, you need to report your injury immediately to your supervisor and RESIG's Injury Hotline 836-7457*

### What Does an Ergonomic Assessment Include?

An ergonomic assessment usually begins with a discussion period between yourself and a RESIG employee. The discussion will touch on the parameter of how much time is spent performing the problematic job function and any pain or discomfort you are experiencing. The discussion is followed by a hands on evaluation of your workstation.

An ergonomic evaluation report will be generated at the end of the evaluation. The report will provide recommendations to reduce risk factors that may contribute to your discomfort. The report will be kept on file in the RESIG offices and will be sent to your supervisor.



## Request for Workstation Ergonomic Evaluation

Employee Name:	Date:	
Job Title:	Work Telephone:	
School District:	School Site:	
Supervisor Name:	Supervisor Telephone:	
Reason for Evaluation (circle one):		
New Employee	New Worksite	Discomfort Reported

1. Check Area(s) that you are experiencing pain or discomfort:

- |                                      |                                   |  |                                     |                                     |
|--------------------------------------|-----------------------------------|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Neck        | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Elbow/forearm | <input type="checkbox"/> Hand/wrist | <input type="checkbox"/> Fingers    |
| <input type="checkbox"/> Upper Back  | <input type="checkbox"/> Low Back | <input type="checkbox"/> Thigh/knee    | <input type="checkbox"/> Low leg    | <input type="checkbox"/> Ankle/foot |
| <input type="checkbox"/> Other _____ |                                   |  |                                     |                                     |

2. When did you first notice the problem? \_\_\_\_\_

3. What do you feel caused the problem? \_\_\_\_\_

Notify your supervisor first – the fax completed form to RESIG 836-8374

RESIG Ergonomic Services	Internal Use Only: Rec'd _____
Evaluation Scheduled: _____	Evaluation Completed: _____