



Request for Ergonomic Evaluation

To be completed by EHS

Reviewed by

Date Reviewed:

Contact Information

Please fill in all of the following information:

| | | |
|--|-------------------|---------------------|
| Name: | Title: | Email: |
| Phone: | Department | |
| Building: | | Room Number: |
| Do you authorize EHS to contact your Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Supervisor: | Title: | Email: |
| Phone: | | |

*Please note, the results of the ergonomic assessment are observations and recommendations, not requirements. Any information provided during the ergonomic evaluation may be supplemental to your organization's policies and guidelines. The OCWR will not provide equipment that may be recommended during the evaluation. The acquisition of equipment will be at the determination of the employing office.

Pre-Evaluation Ergonomic Questionnaire

Has your Supervisor been informed of the submission of this request for ergonomic evaluation? Yes No

Brief Job Description (*ex. Typing and business meetings*):

Brief Work Area Description (*ex. Kitchen table and chair*):

List areas of discomfort and/or concerns: (*Do not include any medical diagnoses*)

List Workstation Components that are a concern:

Click on each “Choose an option” drop-down menu and make appropriate selection.

| | | |
|--------------------|-----------------------------------|---------------------|
| 1. Work Area: | 9. Phone Usage: | 17. Lighting: |
| 2. Desk Type: | 10. Repetitive Motions: | 18. Eyeglasses: |
| 3. Hours Sitting: | 11. Frequent Used Items in Reach: | 19. Keyboard/Mouse: |
| 4. Hours Standing: | 12. Document Holder: | 20. Chair: |
| 5. Phone: | 13. Computer: | 21. Lumbar Support: |
| 6. Phone Audio: | 14. Monitor(s): | 22. Foot Rest: |
| 7. Phone Location: | 15. Monitor Riser: | 23. Arm Rests: |
| 8. Dominate Hand: | 16. Glare Guard: | |

Please email to ehs@nccu.edu.

You will be contacted by a Specialist to schedule an ergonomic appointment.