

UCLA Health Ambulatory Safety Workstation Ergonomic Self-Evaluation Form

(This form may be used as a self-evaluation tool or to help evaluate a fellow employee after completing the **BruinEgo Online Training**)

Employee Name:	Job Title:UCLA	A ID#:
Experiencing Current Discomfort:	YES NO Has Employee seen Occupational Hea	alth (OHF): □YES □NO
Place an 'X' in the applicable box: Acceptab	le Needs Improvement Employee's dominant hand: 🗌 RIGH	T HAND 🗌 LEFT HAND
<u>Chair</u>	Recommended Adjustments	Notes/Adjustments Made
Seat height	Adjust seat height so feet are flat on the floor or footrest, knees are bent at right angles (90°) and thighs are horizontal \iff to floor.	
Seat back	Adjust seat back so it supports the lumbar curve of the spine.	
Seat depth	Adjust seat pan depth so seat cushion is about 1" - 4" from the backs of knees.	
Seat pan tilt	Adjust seat pan tilt so hips and tops of thighs are at right angles or greater.	
Armrest position	Adjust armrests so that they are out of the way while typing, but may provide support during other activities (i.e. phone use, meetings, etc.).	
Keyboard and Mouse	Recommended Adjustments	Notes/Adjustments Made
Keyboard height	Adjust keyboard height so arms and forearms are at right angles or slightly greater and fore-arms and hands form straight lines.	
Keyboard to user distance	Keyboard-to-user distance should allow user to relax shoulders with elbows hanging close to body.	
Keyboard slope	Position keyboard at a flat or slightly negatively sloped.	
Mouse height	Adjust mouse so it is close to and on the same level as the keyboard.	
Mouse to user distance	Mouse should be directly next to the keyboard.	
Monitor	Recommended Adjustments	Notes/Adjustments Made
Monitor height	Adjust monitor height so top of screen is at or slightly lower than eye level.	
Monitor to user distance	Viewing distance is approximately arm's distance away (16"- 28").	
Monitor alignment with user	Monitor and keyboard should be placed directly in front of user.	
Visual comfort of screen	Monitor should be positioned to avoid glare (perpendicular to window/ strong light source)	
Work Environment & Work Surface	Recommended Adjustments	Notes/Adjustments Made
Leg clearance at workstation	Width = 2" + hip width, Height= Highest point of thighs or higher, Depth= Allows proper sitting position while giving foot/knee clearance	
Placement of frequently used items	Advise employee to keep frequently used items (i.e. phone) close at hand.	
General/task lighting	Ensure lighting is not direct or overly bright.	
Work Practices	Recommended Practices	Notes/Adjustments Made
Frequency of micro breaks	Get out of chair at least once per hour, micro-break every 30 min of keyboarding. Stretch as needed.	
Keyboarding posture	Keep wrists straight, avoid supporting wrists on any surface while typing	
Sitting posture	Upright or slightly reclined posture, maintain hollow in lower back.	
Phoning posture	Avoid tilting head/neck to cradle the phone. Use hand to hold receiver.	
Alternate tasks	Break up long periods of continuous computer use by	

The section below is to be completed and reviewed with the employee, their manager, and evaluator (if not a self-evaluation). Place an 'X' in the applicable box:		
Recommendations	Additional Information	
Adjustable ergonomic 'task' chair		
Adjustable keyboard/mouse tray		
Lumbar support cushion		
Monitor riser		
Monitor arm		
Foot rest		
Mouse bridge		
Wrist rest pad		
Anti-glare screen, or screen hood		
Reference document holder		
Slantboard holder for reading		
Telephone headset		
New Mouse		
New Keyboard		
Bruin Ergo ergonomics training (online)		
Ergonomics in the Workplace video	http://hshr.mednet.ucla.edu/s/Trainings/Ergo/publish/main2.asp	
Contact Human Resources to report signs or symptoms of injury		
Schedule an appointment with		
Occupational Health Facilities (OHF)		
Other:		
Other:		
Instructions: Place an 'X' in the boxes for tasks that have been completed. Employee has completed the Bruin Ergo online training. (Required) Employee has watched the Ergonomics in the Workplace video (Optional) Employee and manager/designated co-worker have completed this form. (Required) Employee has adjusted the workstation accordingly based on the BruinErgo training modules and this form's recommendations. Employee, evaluator and manager have reviewed this form and discussed recommendations.		
Manager purchased ergonomic equi	ipment as needed. Product Catalog for recommended ergonomic products)	
-	rm & follow up documentation in the employee's personnel file.	
Evaluated By:	Evaluation Date:	
Clinic Manager Name:	Clinic Name:	

Additional Resources:

- UCLA Ergonomics Website http://ergonomics.ucla.edu/programs.html **
- For further assistance contact Carolyn Genovese with Ambulatory Safety at: cgenovese@mednet.ucla.edu

^{**}Note: The UCLA Office of Environment, Health & Safety does NOT provide ergonomic evaluations for clinical operations.