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| **Background Information** | | | | | | | | | |
| You can use the **USDA APHIS Laboratory Ergonomics Assessment Worksheet** to help you assess and improve your laboratory workstation.  Please refer to the **USDA APHIS Laboratory Ergonomics Training** for background and specific ergonomics information. | | | | | | | | | |
| **Step One – Identify Task** | | | | | | | | | |
| **Date** |  | | | **Job/Task (describe)** | | | | | **Reason for Assessment** |
| **Last Name** |  | | |  | | | | | ❑ New employee  ❑ New workstation  ❑ Equipment/furniture issue  ❑ Other (Describe) |
| **First Name** |  | | |
| **Location** |  | | |
| **Workbench** | | | | | | | | | |
| **Workbench Features** | | | | | **Issue** | | | **Recommendation** | |
| **Type** | | ❑ Fixed ❑ Adjustable Height | | | ❑ Workbench fit/adjustment OK  ❑ Workbench too high  ❑ Workbench too low  ❑ Surface has sharp edge  ❑ Maintenance or Other (Describe) | | | ❑ None  ❑ Lower workbench to (\_\_\_\_\_“)  ❑ Raise workbench to (\_\_\_\_\_“)  ❑ Pad or round off edge  ❑ Resolve maintenance issue  ❑ Other | |
| **Surface Edge** | | ❑ Rounded ❑ Sharp | | |
| **Task** | | ❑ Precision ❑ General ❑ Heavy | | |
| **Maint Issue** | | ❑ No ❑ Yes | | |
| **Stool/Chair** | | | | | | | | | |
| **Stool/Chair Features** | | | | | **Issue** | | | **Recommendation** | |
| **Stool ID** | | Model: | | | ❑ Stool fit/adjustment OK  ❑ Stool not properly adjusted  ❑ Stool too small/large  ❑ Back support not OK  ❑ Armrests not OK  ❑ Maintenance or Other (Describe) | | | ❑ None  ❑ Adjust stool  ❑ Replace stool  ❑ Add back support  ❑ Add or remove armrests  ❑ Resolve maintenance issue  ❑ Other | |
| **Seatpan** | | ❑ Ht ❑ Slide ❑Tilt ❑Tension | | |
| **Back Support** | | ❑ Ht ❑ Angle ❑ NA | | |
| **Armrest** | | ❑ Ht ❑ Side ❑ Swivel ❑ NA | | |
| **Maint Issue** | | ❑ No ❑ Yes | | |
| **Foot Support/Leg Clearance** | | | | | | | | | |
| **Foot Support/Leg Clearance Features** | | | | | **Issue** | | | **Recommendation** | |
| **Feet** | | ❑ Dangling  ❑ Supported | | | ❑ Foot support is appropriate  ❑ Feet dangling – not supported  ❑ No footrest for alternate foot position  ❑ Inadequate foot/knee/leg clearance  ❑ No anti-fatigue mat  ❑ Anti-fatigue mat in the way  ❑ Other | | | ❑ None  ❑ Add footrest  ❑ Provide adequate foot/knee/clearance  ❑ Remove foot/knee/leg obstruction  ❑ Add anti-fatigue mat  ❑ Remove anti-fatigue mat  ❑ Other | |
| **Footrest** | | ❑ No ❑ Yes | | |
| **Anti-fatigue mat** | | ❑ No ❑ Yes | | |
| **Pipetting** | | | | | | | | | |
| **Pipetting Features** | | | | | **Issue** | | | **Recommendation** | |
| **Set-up within reach zone** | | ❑ No ❑ Yes | | | ❑ Pipette is OK  ❑ Location does not allow neutral arm/hand position  ❑ Pipette technique is not ideal  ❑ Wrong pipette type (too large/small/heavy, trigger configuration, etc.)  ❑ Other | | | ❑ None  ❑ Adjusted workstation set-up to promote neutral position  ❑ Improve pipette technique  ❑ Replace pipette  ❑ Other | |
| **Type** | | ❑ Single ❑ Multi-channel | | |
| **Power** | | ❑ Manual ❑ Power | | |
| **Trigger configuration** | | ❑ Thumb ❑ Fingers | | |
| **Microscopy** | | | | | | | | | |
| **Microscopy Features** | | | | | **Issue** | | | **Recommendation** | |
| **Type** | | ❑ Optical ❑ Video Display | | | ❑ Set-up is OK  ❑ General workstation set-up does not promote neutral position  ❑ Body and eyepiece not set-up to promote neutral position  ❑ No support for forearms  ❑ Other | | | ❑ None  ❑ Adjust workstation set-up  ❑ Adjust body and eyepiece set-up  ❑ Add forearm support  ❑ Consider video display  ❑ Other | |
| **Body** | | Height/Angle Adjustable  ❑ No ❑ Yes | | |
| **Eyepiece** | | Height/Angle Adjustable  ❑ No ❑ Yes | | |
| **Forearm support** | | ❑ No ❑ Yes | | |
| **Lab Hoods/Biological Safety Cabinets** | | | | | | | | | |
| **Biological Safety Cabinets Features** | | | | | **Issue** | | **Recommendation** | | |
| **Position** | | ❑ Seated ❑ Standing | | | ❑ Set-up is OK  ❑ Set-up does not promote neutral position  ❑ No stool or stool not adjusted  ❑ Sharp edge  ❑ Inadequate thigh/leg clearance  ❑ No anti-fatigue mat  ❑ Other | | ❑ None  ❑ Adjust workstation set-up  ❑ Provide and adjust stool  ❑ Pad sharp edge  ❑ Remove thigh/leg obstruction  ❑ Add anti-fatigue mat  ❑ Other | | |
| **Stool** | | ❑ No ❑ Yes | | |
| **Sharp edge** | | ❑ No ❑ Yes | | |
| **Thigh/Leg clearance** | | ❑ No ❑ Yes | | |
| **Anti-fatigue mat** | | ❑ No ❑ Yes | | |
| **Test Tube Handling** | | | | | | | | | |
| **Test Tube Handling Features** | | | | | **Issue** | | **Recommendation** | | |
| **Body/hand posture** | | Neutral posture:  ❑ No ❑ Yes | | | ❑ Set-up is OK  ❑ Set-up does not promote neutral position  ❑ Technique does not promote reduction of muscular force  ❑ No cap removers are in use  ❑ Other | | ❑ None  ❑ Adjust workstation set-up  ❑ Improve technique to open/close tubes  ❑ Add cap removers  ❑ Consider automatic capping and de-capping machines  ❑ Other | | |
| **Location** | | Within reach zone:  ❑ No ❑ Yes | | |
| **Open/close tubes** | | Use both hands to open/close:  ❑ No ❑ Yes | | |
| **Cap removers** | | ❑ No ❑ Yes | | |
| **Material and Equipment Handling** | | | | | | | | | |
| **Material/Equipment Handling Features** | | | | | **Issue** | | **Recommendation** | | |
| **Type** | | ❑ Manual material handling  ❑ Powered material handling | | | ❑ Material handling is OK  ❑ Manual material handling used instead of powered equipment  ❑ Inadequate lifting technique  ❑ Other | | ❑ None  ❑ Add powered material handling equipment  ❑ Promote Power Lifting Technique  ❑ Other | | |
| **Technique** | | Power Lift technique used:  ❑ No ❑ Yes | | |
| **Other Ergonomics Concerns** | | | | | | | | | |
| **Document any other ergonomics concern(s)** | | | **Fill out Issue and Recommendation sections** | | | | | | |
| **Concern** | | | **Issue** | | | **Recommendation** | | | |
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| **Follow-up** |
| **Date:** |
| **Date:** |
| **Date:** |