

USDA APHIS Laboratory Ergonomics Assessment Worksheet

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			<input type="checkbox"/> New employee <input type="checkbox"/> New workstation <input type="checkbox"/> Equipment/furniture <input type="checkbox"/> Other issue (describe)
First Name			
Location			

Workbench

Workbench Features		Issue	Recommendation
Type	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable Height	<input type="checkbox"/> Workbench fit/adjustment OK <input type="checkbox"/> Workbench too high <input type="checkbox"/> Workbench too low <input type="checkbox"/> Surface has sharp edge <input type="checkbox"/> Maintenance or Other (describe)	<input type="checkbox"/> None <input type="checkbox"/> Lower workbench to (____") <input type="checkbox"/> Raise workbench to (____") <input type="checkbox"/> Pad or round off edge <input type="checkbox"/> Resolve maintenance issue <input type="checkbox"/> Other (describe)
Surface Edge	<input type="checkbox"/> Rounded <input type="checkbox"/> Sharp		
Task	<input type="checkbox"/> Precision <input type="checkbox"/> General <input type="checkbox"/> Heavy		
Maint Issue	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Stool/Chair

Stool/Chair Features		Issue	Recommendation
Stool ID	Model:	<input type="checkbox"/> Stool fit/adjustment OK <input type="checkbox"/> Stool not properly adjusted <input type="checkbox"/> Stool too small/large <input type="checkbox"/> Back support not OK <input type="checkbox"/> Armrests not OK <input type="checkbox"/> Maintenance or Other (describe)	<input type="checkbox"/> None <input type="checkbox"/> Adjust stool <input type="checkbox"/> Replace stool <input type="checkbox"/> Add back support <input type="checkbox"/> Add or remove armrests <input type="checkbox"/> Resolve maintenance issue <input type="checkbox"/> Other (describe)
Seatpan	<input type="checkbox"/> Ht <input type="checkbox"/> Slide <input type="checkbox"/> Tilt <input type="checkbox"/> Tension		
Back Support	<input type="checkbox"/> Ht <input type="checkbox"/> Angle <input type="checkbox"/> NA		
Armrest	<input type="checkbox"/> Ht <input type="checkbox"/> Side <input type="checkbox"/> Swivel <input type="checkbox"/> NA		
Maint Issue	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Foot Support/Leg Clearance

Foot Support/Leg Clearance Features		Issue	Recommendation
Feet	<input type="checkbox"/> Dangling <input type="checkbox"/> Supported	<input type="checkbox"/> Foot support is appropriate <input type="checkbox"/> Feet dangling – not supported <input type="checkbox"/> No footrest for alternate foot position <input type="checkbox"/> Inadequate foot/knee/leg clearance <input type="checkbox"/> No anti-fatigue mat <input type="checkbox"/> Anti-fatigue mat in the way <input type="checkbox"/> Other (describe)	<input type="checkbox"/> None <input type="checkbox"/> Add footrest <input type="checkbox"/> Provide adequate foot/knee/clearance <input type="checkbox"/> Remove foot/knee/leg obstruction <input type="checkbox"/> Add anti-fatigue mat <input type="checkbox"/> Remove anti-fatigue mat <input type="checkbox"/> Other(describe)
Footrest	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Anti-fatigue mat	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Pipetting

Pipetting Features		Issue	Recommendation
Set-up within reach zone	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Pipette is OK <input type="checkbox"/> Location does not allow neutral arm/hand position <input type="checkbox"/> Pipette technique is not ideal <input type="checkbox"/> Wrong pipette type (too large/small/heavy, trigger configuration, etc.) <input type="checkbox"/> Other (describe)	<input type="checkbox"/> None <input type="checkbox"/> Adjusted workstation set-up to promote neutral position <input type="checkbox"/> Improve pipette technique <input type="checkbox"/> Replace pipette <input type="checkbox"/> Other (describe)
Type	<input type="checkbox"/> Single <input type="checkbox"/> Multi-channel		
Power	<input type="checkbox"/> Manual <input type="checkbox"/> Power		
Trigger configuration	<input type="checkbox"/> Thumb <input type="checkbox"/> Fingers		

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Microscopy

Microscopy Features		Issue	Recommendation
Type	<input type="checkbox"/> Optical <input type="checkbox"/> Video Display	<input type="checkbox"/> Set-up is OK <input type="checkbox"/> General workstation set-up does not promote neutral position <input type="checkbox"/> Body and eyepiece not set-up to promote neutral position <input type="checkbox"/> No support for forearms <input type="checkbox"/> Other (describe)	<input type="checkbox"/> None <input type="checkbox"/> Adjust workstation set-up <input type="checkbox"/> Adjust body and eyepiece set-up <input type="checkbox"/> Add forearm support <input type="checkbox"/> Consider video display <input type="checkbox"/> Other (describe)
Body	Height/Angle Adjustable <input type="checkbox"/> No <input type="checkbox"/> Yes		
Eyepiece	Height/Angle Adjustable <input type="checkbox"/> No <input type="checkbox"/> Yes		
Forearm support	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Lab Hoods/Biological Safety Cabinets

Biological Safety Cabinets Features		Issue	Recommendation
Position	<input type="checkbox"/> Seated <input type="checkbox"/> Standing	<input type="checkbox"/> Set-up is OK <input type="checkbox"/> Set-up does not promote neutral position <input type="checkbox"/> No stool or stool not adjusted <input type="checkbox"/> Sharp edge <input type="checkbox"/> Inadequate thigh/leg clearance <input type="checkbox"/> No anti-fatigue mat <input type="checkbox"/> Other (describe)	<input type="checkbox"/> None <input type="checkbox"/> Adjust workstation set-up <input type="checkbox"/> Provide and adjust stool <input type="checkbox"/> Pad sharp edge <input type="checkbox"/> Remove thigh/leg obstruction <input type="checkbox"/> Add anti-fatigue mat <input type="checkbox"/> Other (describe)
Stool	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Sharp edge	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Thigh/Leg clearance	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Anti-fatigue mat	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Test Tube Handling

Test Tube Handling Features		Issue	Recommendation
Body/hand posture	Neutral posture: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Set-up is OK <input type="checkbox"/> Set-up does not promote neutral position <input type="checkbox"/> Technique does not promote reduction of muscular force <input type="checkbox"/> No cap removers are in use <input type="checkbox"/> Other (describe)	<input type="checkbox"/> None <input type="checkbox"/> Adjust workstation set-up <input type="checkbox"/> Improve technique to open/close tubes <input type="checkbox"/> Add cap removers <input type="checkbox"/> Consider automatic capping and de-capping machines <input type="checkbox"/> Other (describe)
Location	Within reach zone: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Open/close tubes	Use both hands to open/close: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Cap removers	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Material and Equipment Handling

Material/Equipment Handling Features		Issue	Recommendation
Type	<input type="checkbox"/> Manual material handling <input type="checkbox"/> Powered material handling	<input type="checkbox"/> Material handling is OK <input type="checkbox"/> Manual material handling used instead of powered equipment <input type="checkbox"/> Inadequate lifting technique <input type="checkbox"/> Other (describe)	<input type="checkbox"/> None <input type="checkbox"/> Add powered material handling equipment <input type="checkbox"/> Promote Power Lifting Technique <input type="checkbox"/> Other (describe)
Technique	Power Lift technique used: <input type="checkbox"/> No <input type="checkbox"/> Yes		

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Other Ergonomics Concerns

Document any other ergonomics concern(s)

Fill out Issue and Recommendation sections

Concern	Issue	Recommendation

Follow-up

Date:

Date:

Date: