

**University of California  
Office of the President (UCOP)  
Human Resources Department**

***Illness and Injury Prevention and Hazard Communication Program (IIPHCP)  
ERGONOMICS EVALUATION FORM***

**Date of Request:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Position Title/Code:** \_\_\_\_\_

**Department/Unit Name & Number:** \_\_\_\_\_ **Building/Office Location:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Reason for Evaluation:**

**New Hire** \_\_\_\_\_ **Employee Request** \_\_\_\_\_ **Dept. Request** \_\_\_\_\_

**Complaint(s)** \_\_\_\_\_

---

**Above section to be completed by the Employee/Department.**

**Date of Evaluation/Report:** \_\_\_\_\_

**Average # of hours per day spent working on a Computer Display Terminal (CDT)** \_\_\_\_\_

**CDT Functions/Related Tasks:** \_\_\_\_\_

---

A. **Screen height:** Is the top of the display screen at eye level, lower for bi-focal wearers?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Recommendations:

\_\_\_\_ Raise monitor by putting it on top of hard disk drive, boxes, or books

\_\_\_\_ Adjustable monitor arm

\_\_\_\_ Bi-level table adjustable for screen and keyboard height

\_\_\_\_ Lower monitor by removing it from hard disk drive or other platform

\_\_\_\_ Other (please describe):  
\_\_\_\_\_

Factor: Low \_\_\_\_\_ Moderate \_\_\_\_\_ High \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

B. **Glare Reduction:** Elimination of glare helps to avoid eyestrain and awkward VDT user positions.

Whenever possible, glare should be removed at the source.

- Use blinds or curtains over windows when necessary
  - Reposition monitor to avoid direct light in user's eyes or on user's screen
  - Position monitor screen at right angle to window
  - Turn off some lights; use task lighting, if needed
  - Remove some fluorescent bulbs, if necessary
  - Use glare screen
  - Other (please describe):
- 

Factor: Low \_\_\_\_\_ Moderate \_\_\_\_\_ High \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

- C. **Keyboard/Device Height** (e.g., mouse, tracking ball, digitizing tablet, etc.): Does the height of the keyboard allow the user's forearms to be approximately parallel to the floor promoting a neutral/flat position of the wrists? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Recommendations:

- Bi-level table easily adjustable for screen and keyboard height
  - A lower or higher table swapped from within the department
  - A height adjustable keyboard tray that can be attached to existing desk or table
  - A chair that is height adjustable; may need to provide footrest
  - Other (please describe):
- 

Factor: Low \_\_\_\_\_ Moderate \_\_\_\_\_ High \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

- D. **Wrist support:** Wrist rests may be helpful in promoting a neutral/flat position of the wrists.

Recommendations:

- Padded, movable wrist rest, same height as front of keyboard
  - Other (please describe):
- 

Factor: Low \_\_\_\_\_ Moderate \_\_\_\_\_ High \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

- E. **Firm Posture Support:** Does chair firmly support a comfortable upright posture, providing support to the lower back region and avoiding pressure on the back of the thighs?

Yes \_\_\_\_\_ No \_\_\_\_\_

Recommendations:

- New chair adjustable for height and tilt of seat pan and backrest. VDT users should be able to adjust chairs from seated position without use of tools. Armrests, if provided, should be adjustable or removable.
- Exchange chair within the department.
- Lumbar support cushion if chair does not provide adequate lower back support
- Footrest if VDT user's feet do not rest firmly and comfortably on the floor

\_\_\_\_ Other (please describe):

---

Factor: Low \_\_\_\_\_ Moderate \_\_\_\_\_ High \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

F. **Accessories:** Workstation accessories may prevent awkward neck positions.

Recommendations:

\_\_\_\_ Document holder adjustable to screen height

\_\_\_\_ Telephone headset

\_\_\_\_ Other (please describe):

---

Factor: Low \_\_\_\_\_ Moderate \_\_\_\_\_ High \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

G. Other (equipment, counter/desk top height, laboratory equipment,, etc.): Describe:

---

---

---

Factor: Low \_\_\_\_\_ Moderate \_\_\_\_\_ High \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

Summary of Recommendations in order of priority:

---

---

Estimated Overall Cost: \_\_\_\_\_

Date of Department Notification/Consultation: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_