

**University of California
Office of the President**

Ergonomics Program

University of California Office of the President

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UNIVERSITY OF CALIFORNIA OFFICE OF THE PRESIDENT (UCOP) ERGONOMICS PROGRAM

1. POLICY

It is the policy of UCOP to provide all employees with a safe and healthy workplace. We are committed to reducing and/or eliminating the risk factors associated with musculoskeletal disorders (MSDs).

An ergonomics program is a systematic process that communicates information to ensure that adequate and feasible solutions to ergonomic risks can be implemented to improve the workplace. The two most essential pieces of a successful ergonomics program are management commitment and employee involvement.

UCOP has implemented an Ergonomics Program that includes the following components:

- A written ergonomics program and a designated Ergonomics Program Coordinator
- Identification and prioritization of high-risk jobs and tasks
- Training for management and employees
- Implementation of control measures and follow-up evaluation
- A process for early intervention and medical management

This program enables UCOP to meet the requirements of the California Ergonomics Standard, Title 8 California Code of Regulations (8 CCR), Section 5110, which targets repetitive motion injuries (RMIs) (i.e., MSDs). This program is integrated into the written Injury and Illness Prevention Program (IIPP), Standard (8 CCR, Section 3203), referring to hazard assessment and hazard correction as they relate to ergonomic exposures.

2. PURPOSE

The purpose of the ergonomics program is to apply ergonomic principles to the workplace in an effort to reduce or eliminate the number and severity of MSDs, thus increasing employee productivity, quality, and efficiency, while decreasing workers' compensation claims.

UCOP is committed to a proactive approach to ergonomics. A proactive approach seeks to anticipate and prevent ergonomic issues. Identifying and prioritizing jobs with increased risk factors are critical steps in our program. Once risks are identified and prioritized the focus is then on: (1) making changes before an injury/illness has occurred, (2) incorporating ergonomics into the design phase of a new work area or process, and (3) purchasing the appropriate equipment and tools.

3. RESPONSIBILITIES

3.1 Ergonomics Program Coordinator

The Ergonomics Program Coordinator for UCOP is the Environment, Health, and Safety (EH&S) Program Manager and will report directly to the EH&S Director. The Ergonomics Program Coordinator is responsible for establishing and maintaining this policy and program. All evaluations, controls, training will be coordinated under the direction of the Ergonomics Program Coordinator in collaboration with management. The Ergonomics Program Coordinator will be responsible for the Remedy Interactive Program and based on the results of employees taking the assessment, determine the need for individual ergonomic evaluations based on a scale of high, moderate and low risk.

The Ergonomics Program Coordinator's duties include:

- Emphasize the importance of early reporting of employee symptoms to managers and/or supervisors, and use Remedy Interactive as a systematic approach for early intervention.
- Facilitate the identification of employees' level of risk based on the results of the Remedy Interactive Program self-assessment and prioritize.
- Maintain program records and provide documentation of ergonomics training and workstation evaluations upon request.
- Schedule initial and ongoing training for managers, supervisors and employees, and maintain training records to include date, name of instructor, topic, and materials used.
- Ensure that control measures and recommendations are implemented in a timely manner.
- Monitor the program on an annual basis in conjunction with the EH&S office. Report the results and the recommended plan of action to management, if updated or changed.

3.2 Department Safety Officer

The Department Safety Officer at each location will assist the Ergonomics Program Coordinator in program implementation. The Safety Officer is the primary liaison between employees and the UCOP EH&S office and is responsible for promoting and ensuring that employees at their location use the Remedy Interactive Program self-assessment tool and work with the Ergonomics Program Coordinator to identify and prioritize the employees that are high and moderate risk for ergonomic injury.

The Department Safety Officer supports the efforts of the Ergonomics Program Coordinator by performing the following duties, which include:

- Emphasize the importance of early reporting of employee symptoms to managers and/or supervisors, and use Remedy Interactive as a systematic approach for early intervention.
- Facilitate the identification of employees' level of risk based on the results of the Remedy Interactive Program self-assessment and prioritize.
- Communicate with the Ergonomics Program Coordinator regarding workstation evaluations to be done, follow-ups that are needed and implementing recommendations and equipment that have been requested.

- Work with the Ergonomics Program Coordinator to schedule initial and ongoing training for managers, supervisors and employees, and maintain training records to include date, name of instructor, topic, and materials used.
- Ensure that control measures and recommendations are implemented in a timely manner.

3.3 Management

Management supports the efforts of the Ergonomics Program Coordinator with adequate resources and active participation in the identification and control of ergonomic risk factors. Management will support an effective MSD reporting system and will respond promptly to employee reports of discomfort in addition to Remedy Interactive Program results. Management will regularly communicate with employees about the Remedy Interactive Program as well as the Ergonomics Program in general. Duties of management will include:

- Active support and participation in the Remedy Interactive and Ergonomics Program including review of workstation evaluations conducted in their departments and the implementation of recommended control measures.
- Encourage active participation by employees in the Remedy Interactive and Ergonomics Program, including completing the initial self-assessment and follow-up assessments when required, ensure attendance at required training and encourage participation in the development of control measures.
- Ensure early reporting of symptoms is encouraged in their department and provide a prompt response.
- Ensure the implementation of recommended control measures and develop a system to monitor their effectiveness.

3.4 Employees

Employees are the essential element to the success of the Ergonomics Program and will be asked for their input and assistance with identifying ergonomic risk factors, workstation evaluations, development, and implementation of controls and training.

Every employee of UCOP is responsible for conducting himself/herself in accordance with this policy and program. Employees will:

- Use the Remedy Interactive Program upon hire and as required (i.e., six month update, after a workstation evaluation, relocation of workstation, etc.)
- Use the appropriate tools, equipment, parts, materials, and procedures in the manner established by managers and supervisors and report when they are not in good condition.
- Attend ergonomics training as required and apply the knowledge and skills acquired to actual jobs, tasks, processes, and work activities.
- Report MSD signs or symptoms and work-related MSD hazards to his/her manager/supervisor as early as possible to facilitate proactive interventions and/or prompt medical treatment.
- Take responsibility for his/her personal health and safety.

4. ERGONOMICS PROGRAM

4.1 Identification of High-Moderate-Low Risk Workstations

The Remedy Interactive Program is a tool that is used to identify and prioritize employees needing an office workstation evaluation to prevent an ergonomics injury. The Ergonomics Program Coordinator is responsible for ensuring that Remedy Interactive is provided with a monthly updated list of new employees. Remedy Interactive will then email employees with an initial invitation to complete the self-assessment tool, as well as send reminders for follow-ups, etc. Remedy Interactive will then send the Ergonomics Program Coordinator a prioritized list (high, moderate and low risk) of employees after they have completed the self-assessment. Based on this list, the Ergonomics Program Coordinator may schedule workstation evaluations for high and moderate risk employees.

4.2 Reporting Procedures

In addition to using the Remedy Interactive Program to identify and prioritize employees that are at risk for an ergonomic injury, the following reporting procedures have been established:

- Employees who experience discomfort or symptoms associated with MSDs should immediately report verbally and/or in writing, to their direct supervisor or the Ergonomics Program Coordinator.
- Any injury identified and diagnosed as a work-related MSD by a licensed health-care provider will be immediately reported to the supervisor or Ergonomics Program Coordinator.
- Supervisors or any member of management who acquire information that an employee is experiencing symptoms of a MSD must notify the Ergonomics Program Coordinator.
- The Ergonomics Program Coordinator will ensure appropriate action is taken and schedule an ergonomic evaluation if needed.
- Supervisors shall notify the Ergonomics Program Coordinator upon receipt of a request for an evaluation, modification, or accommodation.

4.3 Workstation Evaluations

In addition to the high and medium risk employees identified by Remedy Interactive who will need workstation evaluations, any employee or their supervisor may request an ergonomic assessment of work area(s) or work process(es) by contacting the Ergonomics Program Coordinator (ehs@ucop.edu). The Ergonomics Program Coordinator will conduct or arrange to have an ergonomic evaluation scheduled within two weeks. Written documentation will be provided to the employee and his/her supervisor with recommendations to reduce/eliminate ergonomic risk factors within two weeks after the evaluation.

Workstation evaluations and recommended ergonomic solutions will be documented with a written report. The workstation evaluation records will be kept in the EH&S office files.

The Department Safety Officer and/or the employee's direct supervisor will be responsible for implementing any recommended corrective actions. The employee will be informed by the Department Safety Officer and/or his/her supervisor of the potential exposures and recommended solutions. The employee will be asked for input regarding ideas about improving ergonomics in his/her work area.

The employee will be responsible for using equipment correctly and performing tasks as outlined in the corrective action plan.

The Department Safety Officer and/or Ergonomics Program Coordinator will contact the supervisor or the employee directly and determine if a follow-up workstation evaluation is necessary to measure the effectiveness and/or implementation status of the recommendation(s).

4.4 Training

General Ergonomics Awareness Training will be initially provided to all new UCOP employees either through new employee orientation or training by the Department Safety Officer, the Ergonomics Program Coordinator, or the employee's supervisor/manager.

Ergonomics Training Updates will be provided as needed through Department Safety Officer trainings, monthly safety meetings, and/or online ergonomics training programs. Specialized one-on-one trainings may also be provided to employees by Ergonomics Program Coordinator or the designated UCOP ergonomist.

4.5 Medical Management

In accordance with California regulations, UCOP provides medical care to all employees injured at work. UCOP maintains a good working relationship with our medical care providers, listed in Appendix A. All work-related injuries and illnesses will be referred to the providers listed in Appendix A, unless the injured employee has notified UCOP in writing that other provisions have been made prior to an injury or illness.

In the event of a work-related injury or illness, the medical care provider/professional will:

- Provide diagnosis and treatment for UCOP employees
- Determine if reported MSD signs or symptoms are work-related
- Comply with UCOP Early Return-to-Work program by recommending restricted, modified, or transitional work duties when appropriate
- Refer UCOP injured employees to other clinical resources for therapy or rehabilitation
- Provide UCOP with timely work status reports
- Develop a positive working relationship with UCOP workers' compensation third party claims administrator, Sedgwick CMS.

UCOP has an Early Return-to-Work program and will offer return-to-work opportunities to all injured employees in accordance with work restrictions identified by a recognized medical provider.

Appendix A UCOP Medical Providers

Oakland

Concentra Medical Centers
384 Embarcadero West
Oakland, California 94607
(510)465-9565

Kaiser On-The-Job
235 W. MacArthur Boulevard, 3rd Floor
Oakland, California 94611
(510)752-1244

University of California Tang Center
2222 Bancroft Way
Berkeley, California 94720
(510)642-6891

UC Sacramento Center

Occupational & Environmental Medicine
UC Davis Medical Center, Cypress Building
2221 Stockton Boulevard, Suite A
Sacramento, California 95817
(530) 754-7635

UCOP Education Abroad Program, Goleta

Occupational Medicine Center - Hours: Monday to Friday 8AM to 6 PM
Sansum/Santa Barbara Medical Foundation Clinic (SSBMFC)
101 S. Patterson Avenue
Santa Barbara, California 93111
805-898-3311

Urgent Care/Hitchcock Branch - Hours: Saturday – Sunday 9AM to 6 PM
Sansum/Santa Barbara Medical Foundation Clinic (SSBMFC)
51 Hitchcock Way
Santa Barbara, California 93105
805-563-6133

Use only when Patterson office is closed

Appendix B

TITLE 8 - CALIFORNIA ERGONOMICS STANDARD

Subchapter 7. General Industry Safety Orders

Group 15. Occupational Noise

Article 106. Ergonomics

5110. Repetitive Motion Injuries.

(a) Scope and application. This section shall apply to a job, process, operation where a repetitive motion injury (RMI) has occurred to more than one employee under the following conditions:

(1) Work related causation. The repetitive motion injuries (RMIs) were predominantly caused (i.e. 50% or more) by a repetitive job, process, or operation;

(2) Relationship between RMIs at the workplace. The employees incurring the RMIs were performing a job process, or operation of identical work activity. Identical work activity means that the employees were performing the same repetitive motion task, such as but not limited to word processing, assembly or, loading;

(3) Medical requirements. The RMIs were musculoskeletal injuries that a licensed physician objectively identified and diagnosed; and

(4) Time requirements. The RMIs were reported by the employees to the employer in the last 12 months but not before July 3, 1997.

(b) Program designed to minimize RMIs. Every employer subject to this section shall establish and implement a program designed to minimize RMIs. The program shall include a workstation evaluation, control of exposures which have caused RMIs and training of employees.

(1) Workstation evaluation. Each job, process, or operation of identical work activity covered by this section or a representative number of such jobs, processes, or operations of identical work activities shall be evaluated for exposures which have caused RMIs.

(2) Control of exposures which have caused RMIs. Any exposures that have caused RMIs shall, in a timely manner, be corrected or if not capable of being corrected have the exposures minimized to the extent feasible. The employer shall consider engineering controls, such as work station redesign, adjustable fixtures or tool redesign, and administrative controls, such as job rotation, work pacing or work breaks.

(3) Training. Employees shall be provided training that includes an explanation of:

(A) The employer's program;

(B) The exposures which have been associated with RMIs;

(C) The symptoms and consequences of injuries caused by repetitive motion;

(D) The importance of reporting symptoms and injuries to the employer; and

(E) Methods used by the employer to minimize RMIs.

(c) Satisfaction of an employer's obligation. Measures implemented by an employer under subsection (b)(1), (b)(2), or (b)(3) shall satisfy the employer's obligations under that respective subsection, unless it is shown that a measure known to but not taken by the employer is substantially certain to cause a greater reduction in such injuries and that this alternative measure would not impose additional unreasonable costs.

Note: Authority cited: Sections 142.3 and 6357. Labor Code. Reference: Sections 142.3 and 6357. Pulaski v. Occupational Safety & Health Stds. Bd. (1999) 75 Cal.App.4th 1315 [90 Cal. Rptr. 2d 54].

Appendix C

Evaluating Your Organization's Ergonomic Awareness Level

The level of awareness and commitment toward ergonomic issue resolution can be measured by answering the following twelve questions. If you answer no to any of them, work must be done to improve that area if real concerns are to be addressed.

	YES	NO
1. Is there a written program that outlines UCOP's commitment to take corrective action for ergonomic issues?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the written program tell how the program is to be administered?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the written program say who is to take action?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is management committed to the mission as stated in the written program?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there responsibility and accountability at all levels of management?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are the employees committed to the mission as stated in the written program?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there responsibility and accountability for their actions?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are they actively involved?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there a Medical Management Program element included in the larger picture?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are local medical professionals included as sources?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there proper and speedy recovery in the event of an injury or illness?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is there a plan for implementation of recommendations and follow-up to ensure that corrective measures have taken place and that they are effective?	<input type="checkbox"/>	<input type="checkbox"/>

Appendix D Ergonomics Process Monitoring Checklist

Elements	Action Recommended	Level of Completion				
		None	Some but inactive	In progress	Complete	Date of completion
Top Management Support	Top management has visibly supported the ergonomics process (e.g., written support, participated in training, etc.)					
	Top management approves resources needed to support the process (e.g., time and money).					
Review written program	A written program is established and approved by top management.					
Designate Ergonomics Program Coordinator	Authority and responsibility for implementing and maintaining the ergonomics process is designated to one employee.					
Designate Safety Officers	The Safety Officer at each location has been identified and documented.					
Develop and document goals, objectives, and action plan	The structural components of the Ergonomics Process have been identified and documented.					
	Clear goals have been identified and documented.					
	An action plan to accomplish those goals has been identified and documented.					
	Roles and responsibilities have been identified and documented.					
	A method is in place to hold individuals accountable for their defined responsibilities.					
	A method and timeline has been established to evaluate the action plan for needed updates.					
Inform all employees of the ergonomics process	All employees have been educated on the ergonomics process and the action plan of their location.					
	A plan has been established to provide refresher training for all employees on a regular basis.					
Collect and analyze trends/historical data	The Safety Officer collects and documents data on a regular basis.					
	Data is analyzed on a regular basis to identify ergonomics related trends.					

Medical and claims management	Regular communication exists between healthcare providers, workers' compensation personnel, and injured workers.					
	A process is in place that includes: <ul style="list-style-type: none"> • Efficient recordkeeping • Early reporting of signs and symptoms • Appropriate medical evaluation • Prompt treatment • Aggressive return-to-work policy • Efficient claims monitoring • Regular communication (verbal and/or written) between person(s) responsible for medical management and the Safety Officer 					
Ergonomics risk factor identification and control	A method is in place (or criteria established) to prioritize workstation evaluations.					
	The Remedy Interactive Program is established to identify existing and potential risk factors.					
	Control strategies have been developed from which solutions can be generated.					
	The Safety Officer with employee input develops solutions to reduce or eliminate the identified ergonomic risks.					
	The approval process for getting ergonomic improvements implemented has been identified and documented.					
	A method of developing an implementation plan for improvements is functioning with timelines for completion identified.					
	A method to evaluate improvements is in place.					
Monitor overall process	A plan to periodically review the ergonomics process is in place.					
	Measures of effectiveness of the ergonomics process have been established (e.g. decrease in injuries/illnesses, decrease in costs).					
	A method to update the ergonomics process has been developed.					

APPENDIX E

University of California Office of the President	<h2 style="margin: 0;">Computer Workstation Evaluation</h2>
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EMPLOYEE INFORMATION

Employee Name: _____ Evaluation Date: _____
 Supervisor/Contact: _____ Dominant Hand: Right Left
 Evaluator: _____

SYMPTOMS

Check all that apply & indicate wrist/forearm/elbow neck/shoulder lower back
Right/Left if applicable eyestrain/headaches mid/upper back no symptoms
 HOURS WORKED: FT PT 8 hrs 10 hrs Overtime _____

TASKS PERFORMED

1. Data Entry:	<input type="checkbox"/> < 2 hrs	<input type="checkbox"/> 2 – 4 hrs	<input type="checkbox"/> > 4 hrs	
2. Phone Use:	<input type="checkbox"/> < 2 hrs	<input type="checkbox"/> 2 – 4 hrs	<input type="checkbox"/> > 4 hrs	
3. Writing:	<input type="checkbox"/> < 2 hrs	<input type="checkbox"/> 2 – 4 hrs	<input type="checkbox"/> > 4 hrs	

WORKSTATION CHECKLIST

Sitting Posture/Chair			Recommendations/Adjustments
1. Is backrest providing lumbar support?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> backrest adjusted <input type="checkbox"/> not adjustable
2. Is backrest angle adjusted to provide support?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> backrest adjusted <input type="checkbox"/> not adjustable
3. Are feet resting flat on the floor or on a footrest?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> adjusted chair height <input type="checkbox"/> order footrest
4. Are shoulders relaxed and armrests providing forearm support?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> adjusted armrests <input type="checkbox"/> not adjustable
5. Is seat depth adjusted properly?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> adjusted seat depth <input type="checkbox"/> not adjustable

Additional Comments:

Keyboard			Recommendations/Adjustments
6. Are elbows close to sides and at a 90°-110° angle?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> keyboard tray adjusted <input type="checkbox"/> chair adjusted
7. Are wrists straight and parallel to the floor?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> adjusted keyboard tray <input type="checkbox"/> chair adjusted
8. Is the keyboard centered to monitor?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> reposition keyboard <input type="checkbox"/> alternate keyboard
9. Are wrists protected from edge or hard surface?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> order palm rest <input type="checkbox"/> adjust chair or tray
10. When typing are wrists neutral (no ulnar deviation)?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> recommend alternate keyboard

Additional Comments:

Pointing Device			Recommendations/Adjustments
11. Does the pointing device provide palm support?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> recommend alternate pointing device
12. Does the shoulder remain in a neutral position?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> reposition device <input type="checkbox"/> alternate keyboard
13. Is the wrist in neutral position (no ulnar deviation)?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> reposition device <input type="checkbox"/> alternate pointing device
Additional Comments:			
Monitor			Recommendations/Adjustments
14. Is the top of the screen about 15° below eye level?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> adjusted height of monitor
15. Is the monitor 18"- 24" from eyes (arms length)?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> adjusted position of monitor
16. Is the monitor tilted slightly (~15°) up?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> adjusted angle of monitor
17. The employee does not wear bifocals?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> lowered the monitor <input type="checkbox"/> raised the chair
Additional Comments:			
Lighting			Recommendations/Adjustments
18. Lighting level is comfortable?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> dim lights <input type="checkbox"/> recommend task light
19. There is no glare on the monitor screen?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> reposition monitor <input type="checkbox"/> close blinds
Additional Comments:			
Workspace and Tools			Recommendations/Adjustments
20. Are documents off the flat work surface and located in between the keyboard and monitor directly in front of you?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> order "in-line" document holder <input type="checkbox"/> 3M <input type="checkbox"/> Humanscale
21. Are shoulders in a relaxed position when writing?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> chair adjusted
22. Are frequently used items within reach?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> rearranged work area
23. Do you avoid cradling the phone between your head and shoulder?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> recommend head set
24. Is a pen/pencil used infrequently?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> recommend PhD pen/pencil
25. Is a ten-key calculator used infrequently?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> recommend gel palm rest
Additional Comments:			

Environment			Comments/Discussions
26. Temperature is comfortable?	<input type="checkbox"/> Y	<input type="checkbox"/> N	
27. Regular breaks and micro-breaks are taken?	<input type="checkbox"/> Y	<input type="checkbox"/> N	
28. Activities are varied throughout the day?	<input type="checkbox"/> Y	<input type="checkbox"/> N	

Summary of Recommendations:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Evaluators Initials _____

Employee Initials _____

Appendix F Computer Workstation Self-Assessment Questionnaire

Date: _____	Shift: _____	Hrs. Per Week: _____
Employee: _____	Phone #: _____	Position: _____
Department/Location: _____		Dept Manager: _____
___ per diem ___ part time ___ full time ___ exempt		Dept. Mgr. Phone #: _____
<i>Answer questions about your workstation. If any answer is "no", see your supervisor.</i>		
	Yes	No
1. Do you know how to adjust your chair?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you sitting all the way back in the chair?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are your feet flat on the floor or footrest?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are your thighs parallel to the floor while sitting?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your lower back supported?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your neck straight, not bent or twisted?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are your elbows next to your body when using the keyboard?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are your wrists straight while using the keyboard?	<input type="checkbox"/>	<input type="checkbox"/>
9. If you have a wrist rest, are you resting between keying and mouse use?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is your keyboard profile flat (i.e., legs on back are not raised)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is your keyboard and monitor directly in front of you?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is your mouse at the same height as your wrists and next to your keyboard?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is your monitor located to avoid glare?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is your monitor placed at arm's length, plus or minus 4 inches?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the first line of type at or just below eye level?	<input type="checkbox"/>	<input type="checkbox"/>
16. If you do data entry from paper, are you using an in-line document holder or read/write stand?	<input type="checkbox"/>	<input type="checkbox"/>
17. If you use a document holder, is it right next to or in front of the monitor?	<input type="checkbox"/>	<input type="checkbox"/>
18. Is the phone on the side opposite your writing hand?	<input type="checkbox"/>	<input type="checkbox"/>
19. If you use the phone more than two hours per day, do you use a headset?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you received ergonomic training while working here?	<input type="checkbox"/>	<input type="checkbox"/>

Appendix G

ERGONOMICS EVALUATION REQUEST

EMPLOYEE INFORMATION	
Employee Name:	Job/Title:
Department:	Location:
Contact number for employee:	
Describe areas of concern or discomfort of employee:	
Has employee completed a "Self-Assessment Questionnaire"?	
Signature of Supervisor:	Date Submitted:
THE SAFETY OFFICER RESPONSE	
Workstation will be evaluated by:	Date contacted employee:
Date evaluation is scheduled:	
Notes/comments:	Expected Report Date:
Follow-Up Action Plan:	
Signature:	Date:

Appendix H

Sample Ergonomics Equipment List

Employee: _____

Approved by: _____

Department: _____

Date submitted: _____

RECOMMENDED EQUIPMENT			
Description	Example Item #	Est. Price	Example Vendor
1. In-Line Document Holder 	DH-640		3M
2. In-Line Document Holder 	CH3000		Humanscale
3. Gold Touch Keyboard (This keyboard does not have to be split) 	GTU-0077		Special Order
4. Gold Touch Number Pad 	GTC-0077		Special Order
5. Gold Touch Gel Wrist Rests 	GT7-0003		Special Order
6. Mouse Mate (attaches to Orbit Trackball) 	MM10		Humanscale
7. Orbit Optical Trackball 	64327		Office Supply
8. Neutral Posture Chair 	8500		Skaar Furniture

9. Gel-filled keyboard wrist rest		FEL91737	\$ 15
10. Adjustable Height Footrest		626192	Office Supply
11. Gel Armrest Pads		ESGA-001	Special Order
12. Adjustable height keyboard tray with mouse platform		5G991HG	Humanscale
13. Mini-keyboard		MCK-91	Office Relief

Appendix I Supervisor's Guide to Office Ergonomics

Sore Body Part	Possible Problem	Possible Solutions
1. Back of neck	Monitor screen too high or low	Take monitor off hard drive - use risers.
2. Sides of neck	Keyboard is not aligned with monitor	Move keyboard or reinstall keyboard tray
3. Sides of neck	Cradling telephone with shoulder	Hold phone with hand or order head set
4. Right side of neck	Continual reaching for mouse on right side	Position mouse next to keyboard
5. Left side of neck	Continual reaching for mouse on left side	Position mouse next to keyboard
6. Right shoulder	Reaching for telephone/adding machine with rt. hand	Move telephone/adding machine closer
7. Right shoulder	Right arm of chair is too high	Lower arm of chair so shoulder is relaxed
8. Left shoulder	Reaching for telephone/adding machine with lt. hand	Move telephone/adding machine closer
9. Left shoulder	Left arm of chair is too high	Lower arm of chair so shoulder is relaxed
10. Thoracic area	Keyboard too high; mouse too high	Install keyboard tray; lower adjustable tray
11. Thoracic area	Keyboard too far away; mouse too far away	Move keyboard and mouse closer
12. Upper arms	Keyboard too high; mouse too high	Install keyboard tray; lower adjustable tray
13. Upper arms	Keyboard too high; mouse too high	Install keyboard tray; lower adjustable tray
14. Elbows	Keyboard too high; mouse too high	Install keyboard tray; lower adjustable tray
15. Forearms	Keyboard too high; mouse too high	Install keyboard tray; lower adjustable tray
16. Wrists	Keyboard too high or low; mouse too high or low	Adjust angle of tray; lower "feet" of keyboard
17. Wrists	No place to rest hands while not typing	Install keyboard tray or move keyboard back
18. Wrists	Resting wrists on sharp edge or hard surface	Use wrist rests
19. Hands	Improper alignment over keyboard	Use "natural" keyboard
20. Fingers	Improper alignment over keyboard	Sit directly in front of and facing keyboard
21. Eye strain	Monitor too close or too far away	Move monitor
22. Eye strain	Lighting too dim or too bright	Adjust lighting or provide task light
23. Back ache	Chair does not fit properly	Adjust chair
24. Leg ache	Seat pan either too deep or too shallow	Adjust chair
25. Leg ache	Seat does not tilt properly	Adjust chair
26. Legs go to sleep	Seat pan too deep	Adjust chair
27. Legs go to sleep	Chair does not lower enough, feet not flat	Provide foot rest
28. Body strain	Too hard to move chair from side to side	Provide chair mat
29. Rear end	Chair padding is worn out	New chair

Appendix J

UC Office of the President ERGONOMIC MATCHING FUNDS APPLICATION FORM

INSTRUCTIONS:

1. Complete this application form entirely in order to be reimbursed.
2. Provide the account and fund number to be credited with the Matching Fund Amount (Line 7 from Furniture/Accessories List below). Route to your supervisor/business manager for approval.
3. Submit completed form and copy of invoices and general ledger showing proof of payment to: Sharon Culpepper (sharon.culpepper@ucop.edu), Environment, Health and Safety Office, 1111 Franklin Street 10th floor.

REIMBURSEMENT DATA (Please print clearly)			
Department:	Account Number:		
	M - _ _ _ _ _ - _ _ _ _ _		
Employee who will use furniture:	<small>Last name</small>	<small>First name</small>	<small>M.I.</small>
Employee phone:	E-mail address:		
Supervisor:	Phone:	E-mail:	
Date of workstation evaluation:	Performed by:		

FURNITURE/ACCESSORIES	COST
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6. Total Cost	\$
7. Matching Fund Amount (=Total Cost x 50%)	\$

MATCHING FUND LIMITS AND REQUIREMENTS:

1. Applies only to: a) UCOP employees; b) Furniture/accessories to be used at UCOP; c) Furniture/accessories purchased for individual employees (not associated with new construction, renovation, or relocation projects); and d) Pre-approved furniture/accessories as recommended by EH&S ergonomic evaluator.
2. Limits/ deadline: Matching fund program effective until established funds are depleted.
3. Workstation evaluation: Employee must complete Remedy Interactive assessment, receive a workstation evaluation, and have a documented evaluation report. Workstation evaluation must be coordinated by the UCOP EH&S Office.
4. Submissions: Submit copies of furniture/ accessories invoices, general ledger showing proof of payment, and this application form to qualify for ergonomics matching funds transfer.
5. Contact: Ed Baylosis, EH&S Director, 510-987-0170, if you have questions regarding this program.

I have read, understand and accept the terms, conditions and requirements of the Ergonomic Matching Funds Program.

Supervisor

Date

Office of Risk Services:

Ed Baylosis, EH&S Director

Date

Grace Crickette, Chief Risk Officer

Date