|  |
| --- |
| **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** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Follow-up** |
| **Date:**  |
| **Date:**  |
| **Date:**  |