Tools, Tasks & Time Checklist

Employee Name:		**Date:**	
Company Name:		**Job Title:**	
Hand Dominance:	❑ Right ❑ Left		
Work Status:	❑ Full Time ❑ Part Time	**Travel:**	❑ Yes % _____ ❑ No
Typical Work Hours:	_____ per day/ ____ per week	**Lunch/Breaks:**	
Reason for Assessment:	❑ Employee Request ❑ New Employee ❑ Workstation Change ❑ Modification/Accommodation		
Nature of Assessment:	❑ Preventive ❑ Reports of musculoskeletal discomfort		
Area(s) of Concern:	❑ Neck ❑ Shoulders/Elbows ❑ Wrists/Hands ❑ Upper/Mid Back ❑ Low Back ❑ Hips ❑ Knees/Lower Legs/Feet		
Visual Correction:	❑ None ❑ Contacts Glasses type: ❑ Reading ❑ Computer ❑ Bi-Focal ❑ Tri-Focal/Progressive ❑ Distance		

Workstation Components	
Primary Computing Device (>50 % of the time)	❑ Desktop computer ❑ Laptop ❑ Tablet ❑ Smartphone
Primary Work Location (>50% of the time)	❑ Office (assigned desk) ❑ Office (non-assigned workspace) ❑ Home Office ❑ On the go (location changes)
Secondary Computing Device(s), if applicable	❑ Desktop computer ❑ Laptop ❑ Tablet ❑ Smartphone
Secondary Work Location(s), if applicable	❑ Office (assigned desk) ❑ Office (non-assigned workspace) ❑ Home Office ❑ On the go (occasional travel)
Assessment Completed for:	❑ Primary ❑ Secondary ❑ Both

Workstation Peripherals/Type	
❑ Docking station with external monitor ❑ Keyboard ❑ Mouse ❑ Headset	❑ Adjustable task chair ❑ Sit to stand adjustable workstation ❑ Other (list):

Breakdown of Tasks (may not = 100%)

Job Task	% of Day	Comments/Other
Computer keying includes: ❑ email/typing from copy ❑ data entry ❑ spreadsheets ❑ document creation (may or may not include graphics)		
Mouse use		
Numeric entry		
Viewing/Reading screen (not keying)		
Telephone (includes conference calls)		
Handwriting/Reading (non-computer related)		
Meetings away from workstation		
Copying/filing (away from workstation)		

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Ergonomic Risk Factors Observed During Job Tasks	
Non-neutral Postures	❑ Neck ❑ Shoulders/Elbows ❑ Forearms/Wrists/Hands ❑ Upper/Mid Back ❑ Low Back ❑ Hips ❑ Knees/Lower Legs/Feet
Static Postures	❑ Neck ❑ Shoulders/Elbows ❑ Forearms/Wrists/Hands ❑ Upper/Mid Back ❑ Low Back ❑ Hips ❑ Knees/Lower Legs/Feet
Repetitive Movements	❑ Neck ❑ Shoulders/Elbows ❑ Forearms/Wrists/Hands ❑ Upper/Mid Back ❑ Low Back ❑ Hips ❑ Knees/Lower Legs/Feet
Contact Stress	❑ Shoulders/Elbows ❑ Forearms/Wrists/Hands ❑ Knees/Lower Legs/Feet

Risk Factor Identified	Solutions (include adjustments made, education provided, equipment/tools recommended)

Equipment Recommendation Details:

Work Posture Photos:

Evaluator's Signature:	**Date:**
Evaluator's Printed Name:	**Contact Info:**