Request for Ergonomic Evaluation

To be completed by OCWR:
Eval No.
Date Filed:

Contact Information

Please fill in all of the following information:

Name:	**Title:**	**Email:**
Phone:	**Agency:**	
Work Address:		
Building:	**Room Number:**	

Do you authorize OCWR to contact your Supervisor? Yes ☐ No ☐		
Supervisor:	**Title:**	**Email:**
Phone:	**Agency:**	
Address:		

*Please note, the results of the ergonomic assessment are observations and recommendations, not requirements. Any information provided during the ergonomic evaluation may be supplemental to your organization's policies and guidelines. The OCWR will not provide equipment that may be recommended during the evaluation. The acquisition of equipment will be at the determination of the employing office.

Pre-Evaluation Ergonomic Questionnaire

Has your Supervisor been informed of the submission of this request for ergonomic evaluation? Yes ☐ No ☐

Brief Job Description *(ex. Typing and business meetings)*:

Brief Work Area Description *(ex. Kitchen table and chair)*:

List areas of discomfort and/or concerns: (Do not include any medical diagnoses)

List Workstation Components that are a concern:

Is a smart phone with the Zoom app available during the evaluation?

Click on each "Choose an option" drop-down menu and make appropriate selection.

1. Work Area: Choose an Option	**9. Phone Usage:** Choose an Option	**17. Lighting:** Choose an Option
2. Desk Type: Choose an Option	**10. Repetitive Motions:** Choose an Option	**18. Eyeglasses:** Choose an Option
3. Hours Sitting: Choose an Option	**11. Frequent Used Items in Reach:** Choose	**19. Keyboard/Mouse:** Choose an Option
4. Hours Standing: Choose an Option	**12. Document Holder:** Choose an Option	**20. Chair:** Choose an Option
5. Phone: Choose an Option	**13. Computer:** Choose an Option	**21. Lumbar Support:** Choose an Option
6. Phone Audio: Choose an Option	**14. Monitor(s):** Choose an Option	**22. Foot Rest:** Choose an Option
7. Phone Location: Choose an Option	**15. Monitor Riser:** Choose an Option	**23. Arm Rests:** Choose an Option
8. Dominate Hand: Choose an Option	**16. Glare Guard:** Choose an Option	

Photo of workstation attached to email? **Yes** ☐ **No** ☐

Please submit 1 photo of workstation (desk, chair, monitors, keyboard and mouse.)

Please save this document and email it as an attachment, along with a photo of the workstation, to OSH@ocwr.gov
For additional ergonomic information, please visit the OCWR OSH/ADA Resources page.