



Ergonomics Survey

Physical injury in the workplace is preventable!! The real expert for preventing wear and tear at work is **YOU**. You alone feel the physical stress of your job day in and day out. The following questions were developed to give you an opportunity to express your ideas or concerns regarding ergonomics. We would like to know if you think there are any ergonomic risks associated with your job, and what you think can be done to reduce or eliminate any risks. All information you choose to share will be kept **confidential**.

Name (optional): _____

Department: _____ Job: _____

Do you experience excessive fatigue or discomfort in any part of your body as a result of your day-to-day work activities? For those body parts affected, please circle the score which you feel best describes your level of comfort (1 is the most comfortable and 5 is the most uncomfortable) when performing your job. If you never experience discomfort when performing your job, please check the not applicable (N/A) box.

	N/A					
	<input type="checkbox"/>	1	2	3	4	5
Neck	<input type="checkbox"/>	1	2	3	4	5
Shoulder(s)	<input type="checkbox"/>	1	2	3	4	5
Mid Back	<input type="checkbox"/>	1	2	3	4	5
Elbow(s)	<input type="checkbox"/>	1	2	3	4	5
Lower Back	<input type="checkbox"/>	1	2	3	4	5
Forearm(s)	<input type="checkbox"/>	1	2	3	4	5
Wrist/Hand(s)	<input type="checkbox"/>	1	2	3	4	5
Hip(s)	<input type="checkbox"/>	1	2	3	4	5
Thigh(s)	<input type="checkbox"/>	1	2	3	4	5
Knee(s)	<input type="checkbox"/>	1	2	3	4	5
Lower Leg(s)	<input type="checkbox"/>	1	2	3	4	5
Foot/Ankle(s)	<input type="checkbox"/>	1	2	3	4	5

Page 2

Of the job tasks you perform in your job, list the ones that you feel have potential for excessive strain or fatigue. Tasks that include lifting, extended reaching, bending, gripping, or sustained standing, may be ones that cause you problems. Please use the following scale to rate the level of exertion you feel is required to perform this task.

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
light moderate hard very hard

	JOB TASK	RATING
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Please list any suggestions you have with regard to how any job or task can be made less physically stressful and easier to perform.

1. _____
2. _____
3. _____
4. _____
5. _____

Would you like to have the ergonomics team evaluate your work area and methods? Y or N

Do you have any other comments or suggestions that you would like to discuss?

Thank you for taking the time to complete this survey. We will use this information to determine work areas and practices that could contribute to excessive fatigue and discomfort. Our goal is to prevent injuries and provide the safest workplace possible.

Thank you!!