

## Ergonomic Evaluation Inquiry Form

**INSTRUCTIONS:** CSUDH Campus employees should first review the Environmental, Health and Safety ([EHS](#)) [ergonomic program](#) information. If additional support is required after reviewing the information, complete this remote inquiry form and return to [EHS@csudh.edu](mailto:EHS@csudh.edu), please CC your appropriate administrator. Providing detailed responses to all questions and including photos and measurements will allow EHS to better understand your individual needs and assist you quickly and appropriately.

EHS provides preventive ergonomics assistance to CSUDH Campus staff & faculty who are on CSUDH payroll with an active staff or academic title. If you think you have a work-related injury and need medical care, contact your appropriate administrator and the WC/ADA Manager in Human Resources. See ([EHS](#)) [ergonomic program](#) for more information.

**All fields are required.**

<p><b>CSUDH Campus Employee:</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No*</p> <p><i>* If 'No', do not use this form.</i></p>	<p><a href="#">ergonomic training</a> completed within last two years: <input type="checkbox"/> Yes    <input type="checkbox"/> No*</p> <p><i>*If 'No', click hyperlink to take training, valid for two years.</i></p>
<p><b>Previous or open workers' comp claim related to ergonomics?</b>    <input type="checkbox"/> None    <input type="checkbox"/> Previous    <input type="checkbox"/> Current*</p> <p><i>* If 'Current', do not use this form. Contact your supervisor.</i></p>	<p><b>This inquiry is related to (check all that apply):</b></p> <p><input type="checkbox"/> Posture/work technique    <input type="checkbox"/> General workstation</p> <p><input type="checkbox"/> Equipment    <input type="checkbox"/> Medical Treatment Needed</p>
<p><b>EHS Ergonomic Program Review</b></p> <p><b>Completion Date:</b></p>	<p><b>Inquiry Date:</b></p>
<p><b>Employee Name:</b></p>	<p><b>9-Digit Employee ID Number:</b></p>
<p><b>Hire Date:</b></p>	<p><b>Division:</b></p>
<p><b>Employee Phone:</b></p>	<p><b>Employee Email:</b></p>
<p><b>Department:</b></p>	<p><b>Job Title:</b></p>
<p><b>Supervisor Name:</b></p>	<p><b>Supervisor Email:</b></p>
<p><b>Appropriate Administrator:</b></p>	<p><b>Appropriate Administrator Email:</b></p>
<p><b>Address:</b></p>	<p><b>Building/Floor/Room/Home:</b></p>

Have you reviewed the [\(EHS\) ergonomic program](#) information? Yes  No

Describe any changes made to workstation after reviewing the [\(EHS\) ergonomic program](#) information:

Describe your primary tasks and, on average, how long/day you perform these tasks:

Describe what you need assistance with now:

Describe your workstation and any previous ergonomics interventions:

If you are experiencing discomfort, describe the location and severity (do not share diagnoses):

**PHOTOS:**

Include photos of **you and your workstation** so that we can better understand your unique issues and determine how best to help you.

*Instructions: Ask someone to take photos of you in your workstation. If no one is available, do your best to include as much of you and the workstation as possible. Remove any jacket(s) and/or other items from the back of your chair for photos. Add lighting if needed so we can see details of your workstation.*

**Include at least 3 workstation photos:**

*Please include more photos if it better shows your situation.*

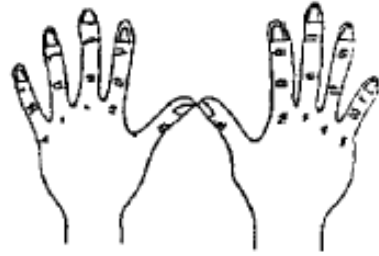
**Photos of workstation/employee:**            Inserted in Photo Box Below            Attached (preferred)

Workstation Rear View  
With Employee

Workstation Side View  
With Employee

Entire Workstation  
Without Employee

Please mark the area(s) with an X where discomfort was experienced within the last month.



Hand Dominance:  Right  Left  Both

Hours worked weekly:

Hours of daily computer use:  0-4  4-8  8+

Describe other work tasks:

Work schedule:

Best days/times to reach you:

Preferred pronouns (optional):

Referred by (self, other):

Email to [EHS@csudh.edu](mailto:EHS@csudh.edu) and CC your appropriate administrator.

Employee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Acknowledged by:**

Appropriate Administrator Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EHS Designee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_