

ERGONOMICS

1.0 Objective

The objective of this surveillance is to evaluate the safety of current work practices and work stations to ensure that workers are not placed at undue risk of injury. The Facility Representative or Environmental, Safety, and Health Support Specialist observes work in progress and working conditions to determine if the laboratory is applying best practices to protect the safety and health of workers. In performing this surveillance, the Facility Representative or Environmental, Safety, and Health Support Specialist should recognize that specific regulatory requirements for ergonomics in the work place have not been established nor in many cases, have applicable national consensus standards.

2.0 References

- 2.2 DOE O 440.1A, *Worker Protection Management for DOE Federal and Contractor Employees*
- 2.1 DOE 5480.4, *Environmental Protection, Safety and Health Protection*
- 2.3 ANSI/HFS 100, 1988, *American National Standard for Human Factors Engineering of Visual Display Terminal Workstations*

3.0 Surveillance Activities

The Facility Representative or Environmental, Safety, and Health Support Specialist conducts walkthroughs of the laboratory to examine work practices and conditions. In Activity 1, the Facility Representative or Environmental, Safety, and Health Support Specialist conducts a walkthrough of industrial areas. In Activity 2, the Facility Representative or Environmental, Safety, and Health Support Specialist conducts a walkthrough of office areas.

**Surveillance Guideline
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Surveillance No.: _____

Facility: _____

Date Completed: _____

Activity 1 - Walkthrough of Industrial Areas

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Are work conditions structured wherever possible to minimize requirements for employees to lift items from the floor?	_____	_____	_____
2. Are temporary storage shelves and spaces located so that items are typically picked up from waist height?	_____	_____	_____
3. Are work surfaces for workers who are standing typically at waist to chest height?	_____	_____	_____
4. Do work stations minimize requirements for workers to reach, twist, bend, or work in awkward positions?	_____	_____	_____
5. Are tools designed to minimize the number of repetitive cycles in performing work activities?	_____	_____	_____
6. Are tasks performed using tools and mechanical aids wherever possible to minimize the risks of injuries to workers?	_____	_____	_____
7. For work that must be performed above the ground elevation, are scaffolding or ladders provided to minimize requirements for workers to reach above shoulder level?	_____	_____	_____
8. Are all walking surfaces even and designed to minimize the potential for slipping?	_____	_____	_____
9. Does the configuration of the work station ensure that the	a	r	m

s are at 0° to no more than 15° angle from horizontal
 during work?

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10.	Is adequate light provided for normal work activities?	_____	_____	_____
Activity 2 - Walkthrough of Office Areas				
11.	Is glare on video display terminals minimized?	_____	_____	_____
12.	Does the configuration of computer workstations ensure that workers do not have to reach excessive distances to manipulate a computer mouse?	_____	_____	_____
13.	Does the configuration of the workstation ensure that the arms are at 0° to no more than 15° angle from horizontal during work?	_____	_____	_____
14.	For personnel who perform extensive operations at a keyboard, is a wrist rest provided on the keyboard?	_____	_____	_____
15.	Are source documents and reference materials located so as to minimize demands on the eye and thereby minimize the potential for eyestrain?	_____	_____	_____
16.	Are seat heights adjusted so that employee's feet rest comfortably on the ground, chair backs provide support for lower back, and arms are at a neutral position (Less than 15° from horizontal) during most work activities?	_____	_____	_____
17.	Is adequate lighting provided for normal work activities?	_____	_____	_____
OTHER:				
_____		_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____
_____		_____	_____	_____

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YES

NO

N/A

OTHER (cont.)

NOTES/COMMENTS:

PERSONNEL CONTACTED:

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**IF MORE SPACE IS NEEDED FOR FINDINGS, OBSERVATIONS, AND FOLLOWUP
ITEMS - USE ADDITIONAL SHEETS**

FINDINGS:

Finding No.: _____

Description: _____

Finding No.: _____

Description: _____

Finding No.: _____

Description: _____

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OBSERVATIONS:

Observation No.: _____

Description: _____

Observation No.: _____

Description: _____

Observation No.: _____

Description: _____

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FOLLOWUP ITEMS:

Followup Item No.: _____

Description: _____

Followup Item No.: _____

Description: _____

Followup Item No.: _____

Description: _____

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LABORATORY MANAGEMENT DEBRIEFED AND RESULTS: _____

Signature: _____ Date: _____

Facility Representative or
Environmental, Safety, and Health Support Specialists