

## EGG commercial habitats Workplace Ergonomics & Environment Survey

|               |                 |
|---------------|-----------------|
| Employee Name | Unit/Department |
| Job Title     |                 |

1. Describe the type of work you do.

1. Describe any health issues, handicaps, or disabilities that affect daily work. These include glasses, contact lens, hearing, aches and pains, backaches, headaches, neck aches, numbness, pain after working, jaw ache, numbness or tingling in legs or feet, and so on.

2. There should be a label on the bottom of your desk chair. Please write down the manufacturer, model number, series, and any other information listed. Does this fit you? Is the seat too long? Too short? Arms/armless? Height adjustable? Is it set correctly for you? Does it support your back? Are there any broken parts? Is the foam in good condition?

3. Would you consider a standing-height computer workstation and stool/chair if this was appropriate for your job, gave you improved ergonomics, and better efficiency?

\_\_\_\_\_ yes \_\_\_\_\_ no

Describe the environment that helps you perform your position most effectively