TEXAS A&M UNIVERSITY
Environmental
Health & Safety

Pre-Evaluation Ergonomic Questionnaire

Employee Name	Department	Job Title
Phone / Mail Stop	**Building Name & Office No.**	

1. **Workstation component you would like to have evaluated:**

   - ☐ Chair Seat
   - ☐ Chair Back
   - ☐ Chair Armrests
   - ☐ Keyboard/Mouse
   - ☐ Desk
   - ☐ Computer Monitor
   - ☐ Telephone
   - ☐ Handheld Tool
   - ☐ Other: _____

2. **Look around your workstation and recall daily activities. Check all that apply.**
   - ☐ Your workstation is an office
   - ☐ Your workstation is **not** an office
     - Describe your workstation:

       _____
   - ☐ Your workstation is **not** well-lit
   - ☐ Your workstation is **not** climate-controlled
   - ☐ You currently use a sit-stand or stand-biased desk
   - ☐ You spend most of the day typing
   - ☐ Your job requires that you lift heavy loads regularly
   - ☐ Your job requires that you perform the same repetitive motion for most of the day
   - ☐ Your job requires bending, crouching, or stooping repeatedly or for prolonged periods
   - ☐ Your job requires repetitive or prolonged reaching above your shoulders

3. **Briefly describe the work-related duties performed using the selected component(s) and daily activities. (Note: Please DO NOT include any medical issues or diagnoses.)**

   _____
   _____
   _____
   _____

If you have any questions, click here to contact an ergonomics specialist.