

DEPT:		
REVISION:	NEW ±March 1, 2016	REVISION DATE:

I. Policy Statement:

It is the policy of Hamilton College to assist employees with identifying and improving ergonomic risk factors within their assigned workstation. This policy outlines the procedures for requesting a workstation assessment and the steps required for purchasing ergonomic equipment, if applicable.

II. Purpose/Objective:

Proper application of ergonomic principles can help to reduce the risk and or aggravation of repetitive motion. The purpose/objective of this policy is to assist employees with effectively identifying and eliminating the behaviors and/or risk factors that cause, contribute, or aggravate certain occupational or non-occupational medical conditions through either a change in work practices and behaviors, a reengineering of their current workstation or the purchase of proper equipment as it relates to a personal medical condition, if applicable.

V. Forms/Materials/Resources:

- x Employee Workstation Assessment Request
- x Medical Inquiry Form
- x Office ergonomics ±working comfortably (Travelers)
- x Comfort tips for computer users

VI. Procedure:

- A. Workstation Assessment and equipment procurement for employees with non-medical related workstation discomfort :

Important: The purchase of workstation equipment as a result of a non-medical related workstation assessment are budgeted and funded at the employees division and/or department level. Employee requests for workstation equipment should be directed to WKH HPSOR\HH\V VXSHUYLVRU

- x Employees experiencing non-medically related workstation discomfort may request an initial in-person workstation assessment by completing an employee workstation assessment request and forwarding to Human Resources. to

Hamilton College

EMPLOYEE WORKSTATION ASSESSMENT REQUEST

Name: _____ Request Date: _____

Department: _____

Supervisor: _____

Please describe your concern (s): _____

When did you first notice it? _____

When do you feel the pain? Intensity? Time of Day?

What percent of your day is spent at your desk? _____

How long have you worked at your present workstation? _____

Is there any physical or office activity that may contribute to the issue outside of work? If, yes please describe.

Describe what steps, if any, have been taken to improve your situation:

Employee Signature: _____ Date: _____