*"Learning and Leadership for Student Achievement"*

# Joint Powers Authority – Risk Management

## Ergonomics Pre-Evaluation Worksheet

### Employee Information

**Name:** _____ **Date:** _____
**Site:** _____ **Department:** _____
**Address:** _____

**When did the symptoms start?** _____
**Have you seen a physician?** No **If yes, when:** _____
**Was a worker's compensation form completed?** _____
**Was an accident report filed?** _____
**Additional comments:** _____

### Areas of Discomfort

| | | | |
|---|---|---|---|
| ☐ Neck | ☐ Lower Back | ☐ Shoulder (L/R) | ☐ Elbow (L/R) |
| ☐ Upper Back | ☐ Eyes | ☐ Upper Arm (L/R) | ☐ Forearm (L/R) |
| ☐ Wrist (L/R) | ☐ Hand (L/R) | ☐ Hip (L/R) | ☐ Thigh (L/R) |
| ☐ Knee (L/R) | ☐ Foot (L/R) | ☐ Other: _____ | |

### TO BE COMPLETED BY RISK MANAGEMENT

**Recommendations:** _____

**Evaluation performed by:** _____
**Date:** _____

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