

Ergonomics Consultation Questionnaire



1	What industry is your business?																																										
2	Do you have staff using a computer station?																																										
3	What departments are you concerned about worker wellness?																																										
4	Which department do you want to perform training?																																										
5	How many workers are in that department?																																										
6	What are the most demanding parts of the job?																																										
7	What issues are workers talking about?																																										
8	What are the recurring injuries in this department or within the industry?																																										
9	Are workers performing repetitive work?																																										
10	Are workers performing overhead work?																																										
11	Are workers performing below knee work?																																										
12	<table border="1"> <tr> <td>What activities are involved?</td> <td>Lifting</td> <td></td> </tr> <tr> <td></td> <td>Pushing</td> <td></td> </tr> <tr> <td></td> <td>Pulling</td> <td></td> </tr> <tr> <td></td> <td>Climbing</td> <td></td> </tr> <tr> <td></td> <td>Crawling</td> <td></td> </tr> <tr> <td></td> <td>Bending</td> <td></td> </tr> <tr> <td></td> <td>Pinching</td> <td></td> </tr> <tr> <td></td> <td>Squeezing</td> <td></td> </tr> <tr> <td></td> <td>Turning</td> <td></td> </tr> <tr> <td></td> <td>Driving</td> <td></td> </tr> <tr> <td></td> <td>Twisting</td> <td></td> </tr> <tr> <td></td> <td>Prolonged sitting</td> <td></td> </tr> <tr> <td></td> <td>Prolonged standing</td> <td></td> </tr> <tr> <td></td> <td>Getting in/out vehicles</td> <td></td> </tr> </table>	What activities are involved?	Lifting			Pushing			Pulling			Climbing			Crawling			Bending			Pinching			Squeezing			Turning			Driving			Twisting			Prolonged sitting			Prolonged standing			Getting in/out vehicles	
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13	Are workers using monitors, tablets, or smart phones constantly 2-4 hours per day?																																										
14	What kinds of Personal Protective Equipment do workers use?																																										
15	Do workers perform exercises at work?																																										
16	Do you have any additional areas of concern?																																										
17	What is your goal for Ergonomic Training?																																										