

# Laboratory Assessment Checklist

## Information to collect before conducting the Ergonomics Assessment

- 1. Evaluation Completed by \_\_\_\_\_
- 2. Date \_\_\_\_\_
- 3. Employee Name(s) observed \_\_\_\_\_
- 4. Department/Lab Location \_\_\_\_\_
- 5. Job Title \_\_\_\_\_
- 6. Length of time on job: \_\_\_\_\_ yrs. \_\_\_\_\_ months
- 7. Shift \_\_\_\_\_
- 8. Shift Length \_\_\_\_\_
- 9. Hours worked per week \_\_\_\_\_
- 10. Break schedules \_\_\_\_\_
- 11. Is the employee Left or Right Handed? \_\_\_\_\_
- 12. Is this a multi-user workstation? \_\_\_\_\_

13. Ask if employee has discomfort when performing task (note part of body and briefly describe issue) **Do not** ask for medical or related information.-----  
 -----  
 -----

16. Ask the employee: 'How can the design of the job tasks be improved to make the job easier to perform (or to relieve discomfort)?'  
 \_\_\_\_\_  
 \_\_\_\_\_

17. Are there any planned changes to the way the job is to be performed? If Yes, describe:  
 \_\_\_\_\_  
 \_\_\_\_\_

18. List tasks performed and % of time/shift e.g. pipetting; using microscope; computer etc.

<u>Task</u>	<u>% of time per shift</u>	<u>Notes</u>

*Continue on back of sheet as necessary*

**For all task assessments:**

- Begin with head to toe exam - start with hands-arms etc. Flow the checklist and examine and note the cause of awkward postures, forceful and/or repetitive motions, contact stress points, etc.
- Note any employee modifications to the workstation and the reason for use
- Evaluate the physical environment – noise, lighting & glare, airflow & ventilation, floor surface, etc.
- Make a 'Birds-Eye' view sketch of the work area including worksurface shape and location of all frequently used equipment and tools.

# Laboratory Assessment Checklist

**NOTE: You should follow up on all responses with a "\*" beside the box.**

<b>COMPUTER WORKSTATIONS –</b> <i>Refer to Computer Workstation Checklist for more information</i>	<b>Yes</b>	<b>No</b>
1. Is a seat provided?	<input type="checkbox"/>	<input type="checkbox"/> *
2. Is the seat height adjustable within the recommendations?	<input type="checkbox"/>	<input type="checkbox"/> *
3. Is lumbar back support provided?	<input type="checkbox"/>	<input type="checkbox"/> *
4. Is a footrest provided?	<input type="checkbox"/>	<input type="checkbox"/> *
5. Is there ample leg room?	<input type="checkbox"/>	<input type="checkbox"/> *
6. Are all adjustability features easy to use?	<input type="checkbox"/>	<input type="checkbox"/> *
7. Is there ample room to accommodate a keyboard and a computer mouse so the employee can rest their arms at their side and forearms parallel to the floor?	<input type="checkbox"/>	<input type="checkbox"/> *
8. Is the keyboard and mouse close to body & on the same level?	<input type="checkbox"/>	<input type="checkbox"/> *
9. Is there ample room to place the monitor at a comfortable viewing distance and directly in front of user?	<input type="checkbox"/>	<input type="checkbox"/> *
10. Is the top of monitor is at or just below eye height (Bi/Tri focal users may need to lower/tilt the monitor further for comfort)?	<input type="checkbox"/>	<input type="checkbox"/> *
11. If documents are frequently used, is there a document holder?	<input type="checkbox"/>	<input type="checkbox"/> *
<b>LABORATORY BENCHES</b>		
1. If the worker stands, is anti-fatigue matting supplied and	<input type="checkbox"/>	<input type="checkbox"/> *
2. Is a foot on a stool or ledge when standing in one spot available?	<input type="checkbox"/>	<input type="checkbox"/> *
3. Is the height of the bench appropriate for the work that is performed? (Precision work=above elbow height; light work=just below elbow height; heavy work=-6 inches below elbow height)	<input type="checkbox"/>	<input type="checkbox"/> *
4. Is there adequate leg room (for knees and feet if standing bench – legs for seated bench)?	<input type="checkbox"/>	<input type="checkbox"/> *
5. Do contact stressors exist such as bench tops with sharp edges?	<input type="checkbox"/>	<input type="checkbox"/> *
6. Can the employee alternate sitting and standing while performing tasks?	<input type="checkbox"/>	<input type="checkbox"/> *
7. Do benches have a cut-out for work activities?	<input type="checkbox"/>	<input type="checkbox"/> *
<b>BIOLOGICAL SAFETY CABINETS</b>		
1. Are arms relaxed when working in the fume hood?	<input type="checkbox"/>	<input type="checkbox"/> *
2. Are work supplies within easy reach in the cabinet?	<input type="checkbox"/>	<input type="checkbox"/> *
3. Are vials, tubes and receptacles as low profile as possible?	<input type="checkbox"/>	<input type="checkbox"/> *
4. Can work be viewed without tilting the head and neck?	<input type="checkbox"/>	<input type="checkbox"/> *
5. Can the employee alternate sitting and standing while performing tasks?	<input type="checkbox"/>	<input type="checkbox"/> *
<b>LABORATORY CHAIRS</b>		
1. Can all laboratory chairs be adjusted to accommodate all of the employees who need to use the chairs?	<input type="checkbox"/>	<input type="checkbox"/> *
2. Does the chair support the back while you work?	<input type="checkbox"/>	<input type="checkbox"/> *

## Laboratory Assessment Checklist

3. Does the seat and seatback tilt forward?	<input type="checkbox"/>	<input type="checkbox"/> *
4. Are feet on the floor, a foot-ring or a footrest in neutral positions?	<input type="checkbox"/>	<input type="checkbox"/> *
5. If armrests are present, can they be adjusted to support arms in a neutral posture when working?	<input type="checkbox"/>	<input type="checkbox"/> *
<b>MICROSCOPES</b>	<b>Yes</b>	<b>No</b>
1. Do the shoulders appear rounded and/or is the worker hunched over?	<input type="checkbox"/> *	<input type="checkbox"/>
2. Is there excessive neck flexion (>25 degrees) or jutting out of neck?	<input type="checkbox"/> *	<input type="checkbox"/>
3. Are there contact stresses between sharp edges and the forearms?	<input type="checkbox"/> *	<input type="checkbox"/>
4. Is the microscope pulled out to the edge of the workbench?	<input type="checkbox"/>	<input type="checkbox"/> *
5. Are armrests or padding provided?	<input type="checkbox"/>	<input type="checkbox"/> *
6. Is there sufficient leg room?	<input type="checkbox"/>	<input type="checkbox"/> *
7. Does the worker rest their feet on the lab stool?	<input type="checkbox"/>	<input type="checkbox"/> *
8. Is there a foot rest provided?	<input type="checkbox"/>	<input type="checkbox"/> *
9. Has the individual been trained how to properly sit at a microscope workstation?	<input type="checkbox"/>	<input type="checkbox"/> *
10. Are microscope work breaks provided?	<input type="checkbox"/>	<input type="checkbox"/> *
<b>PIPETTING</b>		
1. Are manual pipettors used?	<input type="checkbox"/> *	<input type="checkbox"/>
2. Are electronic pipettors provided?	<input type="checkbox"/>	<input type="checkbox"/> *
3. Are latch-mode pipettors provided?	<input type="checkbox"/>	<input type="checkbox"/> *
4. Is the pipette designed to reduce contact with sharp edges?	<input type="checkbox"/>	<input type="checkbox"/> *
5. Has the individual been trained how to properly operate the pipette (e.g., pickup tips, eject tips, program electronic pipette, etc.).	<input type="checkbox"/>	<input type="checkbox"/> *
6. Does the worker pipette more than 2 hours per day?	<input type="checkbox"/> *	<input type="checkbox"/>
7. Are frequent breaks provided?	<input type="checkbox"/>	<input type="checkbox"/> *
8. Is the pipette computer-controlled to allow for computer-activated multiple dispensing instead of finger-activated dispensing?	<input type="checkbox"/>	<input type="checkbox"/> *
9. Are wrists and arms in a straight or neutral position when using a pipette?	<input type="checkbox"/>	<input type="checkbox"/> *
<b>FINE MOTOR SKILLS</b>		
1. Are vials with the fewest amount of threads allowable used?	<input type="checkbox"/>	<input type="checkbox"/> *
2. Does the worker perform dissection or micro-manipulation with forceps more than 5 hours per week?	<input type="checkbox"/> *	<input type="checkbox"/>
3. Does the worker use alternate fingers when using pinch grips or forceps?	<input type="checkbox"/>	<input type="checkbox"/> *
4. Are frequent micro breaks provided?	<input type="checkbox"/>	<input type="checkbox"/> *
5. Do contact stresses exist between the forearm and workbench?	<input type="checkbox"/> *	<input type="checkbox"/>

# Laboratory Assessment Checklist

<b>MICROTOME AND CRYOSTAT</b>	<b>Yes</b>	<b>No</b>
1. Does the worker use excessive wrist flexion and extension when operating the microtome or cryostat?	[ ]*	[ ]
2. Can the microtome be operated the hand in a pistol grip position?	[ ]	[ ]*
3. Is the workstation at a height that reduces arm abduction as much as possible?	[ ]	[ ]*
3. Does the worker have access to an automatic microtome/cryostat?	[ ]	[ ]*
4. Are frequent breaks provided?	[ ]	[ ]*
5. Is a fully adjustable chair provided?	[ ]	[ ]*
<b>Misc.</b>	<b>Yes</b>	<b>No</b>
1. Are chemical and gas valves easy to reach and turn?	[ ]	[ ]*
2. Are supplies and tools within easy reach?	[ ]	[ ]*
3. Are bottle dispensers and bottom dispensing carboys available to dispense liquids?	[ ]	[ ]*
4. Are heavy bottles and boxes stored on low shelves?	[ ]	[ ]*
5. Does the worker try to take a break and change tasks every 20-30 minutes?	[ ]	[ ]*

**NOTE: You should follow up on all responses with a "\*" beside the box.**

**Source: NIEHS, 2004 & UCLA, 2008**

## Lab Equipment Resources

From the National Institute of Health or the U.S. Government website <http://www.ors.od.nih.gov/Pages/home.aspx>

### **Pipettes:**

#### **Hamilton Company**

4970 Energy Way, Reno, NV 89502  
Phone: 800-648-5950 800-648-5950

Web: <http://www.hamiltoncompany.com/>  
(Recommendations: Soft grip manual pipettes)

#### **MATRIX Technologies Corporation**

22 Friars Drive, Hudson, NH 03051  
Phone: 800-345-0206 800-345-0206

Web: <http://www.matrixtechcorp.com/>  
(Recommendations: Electronic multi-channel pipettes; most are available thru the NIH Self-Service Store)

#### **Rainin Instrument, LLC.**

7500 Edgewater Drive, Box 2160  
Oakland, California, USA 94621-0060  
Phone: 510 564 1600 510 564 1600  
Fax: 510 564 1617  
Ordering Tel: 800-472-4646 800-472-4646 (toll-free)

E-mail: [pipets@rainin.com](mailto:pipets@rainin.com)  
Web: <http://www.rainin.com/>  
(Products can be found at the NIH Self-Service Stores; e.g., Rainin Latch-Mode pipette, LTS, electronic pipettes)

### **Microscope Accessories:**

#### **Ergo Source**

P.O. Box 695 Wayzata, MN 55391  
Phone: 952-404-1058 952-404-1058 Fax: 952-404-1058  
Web: <http://www.ergosource.com/>

#### **Bay Optical Instrument**

2403 -15th Street San Francisco, CA 94114  
Phone: 415-431-8711 415-431-8711 Fax: 415-252-9184  
Web: <http://bayoptical.com/>

## **Laboratory Assessment Checklist**

### **MSM Microscope Forearm Supports R&D Ergonomics Inc.**

6 Harvey Brook Dr. Freeport, ME 04032  
 Phone: 207-865-6445 207-865-6445 Fax: 207-353-5308  
 Web: [www.morencyrest.com/msm.htm](http://www.morencyrest.com/msm.htm)

### **Leica Microsystems, Inc.**

111 Deer Lake Road Deerfield, IL 60015  
 Phone: 800-248-0123 800-248-0123 Fax: 847-405-0147  
 Web: [www.leica-microsystems.com/Stereomicroscopes](http://www.leica-microsystems.com/Stereomicroscopes)

## **Anti-Fatigue Matting:**

### **Tiffin Systems**

450 Wall Street Tiffin, OH 44883  
 Phone: 800-221-1994 800-221-1994 Fax: 419-447-8313

### **Alimed**

297 High Street Dedham, MA 02026  
 Phone: 800-225-2610 800-225-2610 Fax: 800-437-2966  
 Web: <http://www.alimed.com/> (Recommendations: E.L. Task Chair; Ergo Task Chair; Obus Forme; RFM Metro for big & tall)

### **Tennessee Mat Company, Inc.**

1414 Fourth Avenue. South Nashville, TN 37210-4123  
 Phone: 800-264-3030 800-264-3030 Fax: 615-255-4428  
 Web: <http://www.wearwell.com/>

### **Ergo Source**

P.O. Box 695 Wayzata, MN 55391  
 Phone: 952-404-1058 952-404-1058 Fax: 952-404-1058  
 Web: <http://www.ergosource.com/>

## **Adjustable Tables & Edge Guards/Padding:**

### **Alimed**

297 High Street Dedham, MA 02026  
 Phone: 800-225-2610 800-225-2610 Fax: 800-437-2966  
 Web: <http://www.alimed.com/> (Recommendations: E.L. Task Chair; Ergo Task Chair; Obus Forme; RFM Metro for big & tall)

## Ergo Source

P.O. Box 695 Wayzata, MN 55391  
Phone: 952-404-1058 952-404-1058 Fax: 952-404-1058  
Web: <http://www.ergosource.com/>

## Automatic Microtomes:

### Leica Microsystems, Inc.

111 Deer Lake Road Deerfield, IL 60015  
Phone: 800-248-0123 800-248-0123 Fax: 847-405-0147  
Web: [www.leica-microsystems.com/Stereomicroscopes](http://www.leica-microsystems.com/Stereomicroscopes)

## Automatic and Adjustable Cryostats:

### Leica Microsystems, Inc.

111 Deer Lake Road Deerfield, IL 60015  
Phone: 800-248-0123 800-248-0123 Fax: 847-405-0147  
Web: [www.leica-microsystems.com/Stereomicroscopes](http://www.leica-microsystems.com/Stereomicroscopes)

## Laboratory Stools

### BIOFIT

P.O. Box 109, Waterville, OH 43566  
Phone: 800-597-0246 800-597-0246  
Web: <http://www.biofit.com/>  
(Recommendations: Model #4W43-ERB-ASC-AF-XR)

### UNICOR

P.O. Box 11670, Lexington, KY 40577-1670  
Phone: 800-827-3168 800-827-3168  
Web: <http://www.unicor.gov/>  
(Recommendations: Legacy Arm Drafting Stool in vinyl with footring)