



**EMPLOYEE WORKSTATION
EVALUATION/ASSESSMENT**

In an attempt to control work related injuries, the City of Carson will be reviewing employee workstations and providing each employee with proper instructions on how to work ergonomically correct and make any required adjustments as needed.

The City of Carson is concerned with the safety of all employees and, therefore, particular attention will be paid to the proper adjustments to each workstation.

All information must be completed and return to the Risk Management upon completion of reviewing your workstation.

Employee name: _____

Department: _____ Job Title: _____

Phone: _____

Has your workstation been ergonomically assessed? ____yes ____no

Have changes been made to your work environment to make it more ergonomically correct? ____yes ____no

Do you understand what ergonomics is? ____yes ____no

Have you received ergonomic instructions on how to work safely and how to correct your workstation in order to reduce the likelihood of developing an injury? ____yes ____no.

Do you feel you need additional ergonomic training? ____yes ____no

Employee Signature

Date