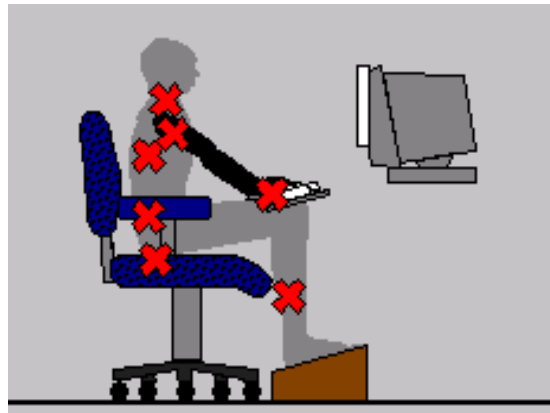




**FORENSIC APPLICATIONS CONSULTING TECHNOLOGIES, INC.
VDT AND COMPUTER WORKSTATION FIELD FORM
IDEAL PERSONAL SET-UP**

FACTs project name:	WXXXXXX	Date: Dec 21, 2005
Measurement Form for (Employee): Ann XXXXX		
Evaluating IH:	Caoimhín P. Connell, Forensic IH	

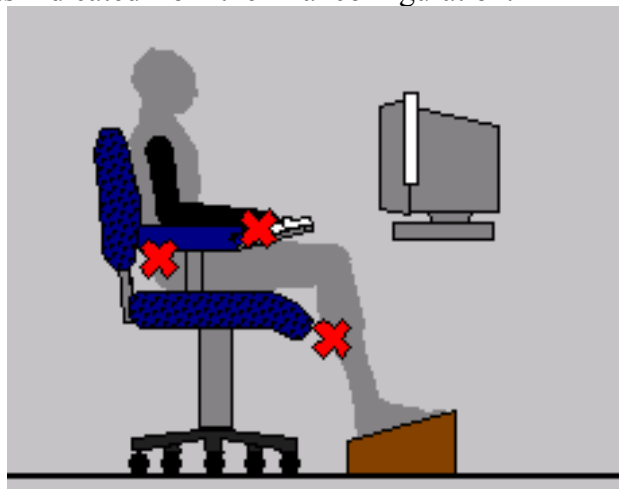
Insert stress points as indicated from initial assessment:



The above graphic, depicts the employee's work station as initially found; each X indicates an area where the employee may develop fatigue or discomfort.

- Due to physical constraints, we were unable to adjust the workstation to the ideal configuration.
- We were able to adjust the workstation to the ideal configuration.
- Within the limitations of the available furniture and equipment, we were able to make some improvements to the employees configuration.

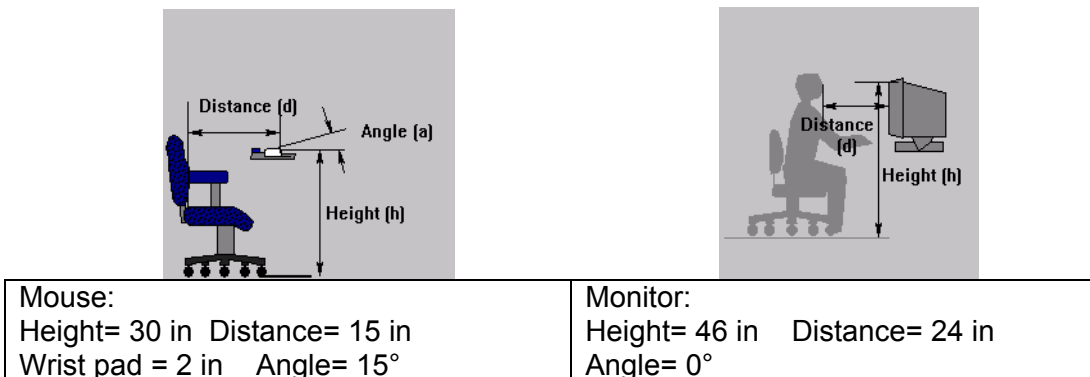
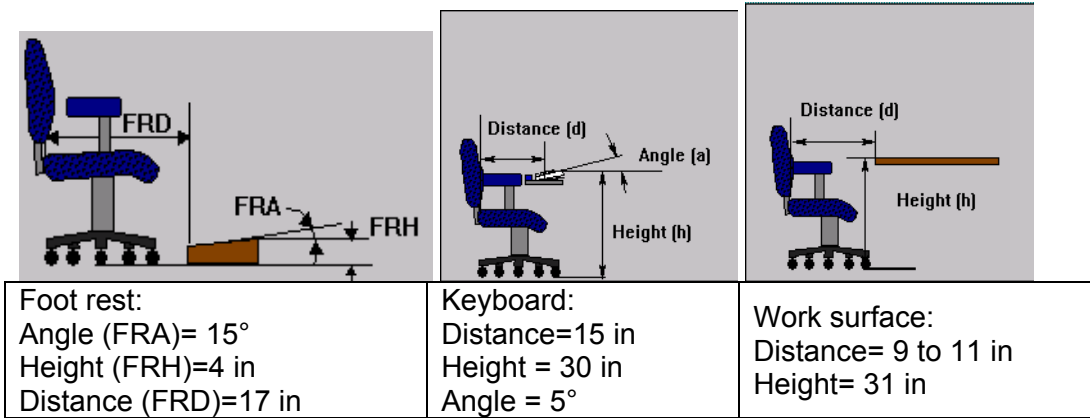
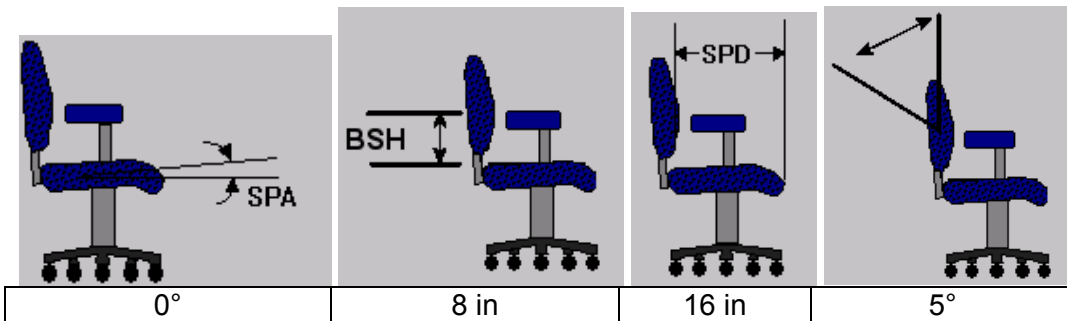
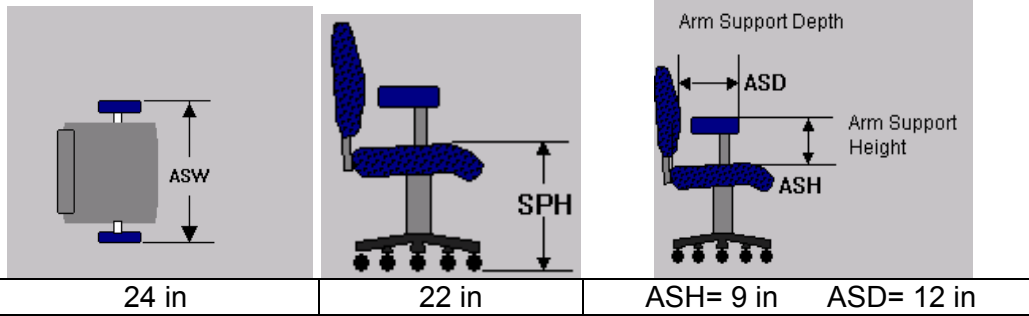
Insert stress points as indicated from the final configuration:



The above graphic, depicts the final configuration of the employee's work station; each X indicates an area where the employee may develop fatigue or discomfort.

Measurement Form for (Employee): AnnXXXXXX

Based on current research, the following configuration minimizes risk of injury and fatigue for this employee:





Summary Ergonomic Report

FORENSIC APPLICATIONS CONSULTING TECHNOLOGIES, INC.

Awareness and Reporting Summary

Operator Information

User Name: Ann XXX
Title: XXXXX

Department: XX

Evaluator Comments

Evaluator: CPC

Due to constraints on the ability to properly adjust the chair and the height of the monitor and work surfaces, we were unable to adjust Ann's work station to an optimal configuration. At the current configuration, Ann may be at an increased risk of fatigue and discomfort.

Tasks and Associated Risks

Based on the information provided so far, further analysis is recommended.

TASK NAME	TASK TYPE	DURATION (min.)
Data Entry	VDT Workstation	180
Identical or Similar Motion(s) Performed Every Few Seconds		180
Intensive Keying		180
Forearm: Rapid Rotation		180
Wrist: Bend/Deviate		180
Fingers		180
Hard/Sharp Objects Press Into Skin		180
Lighting (Poor Illumination/Glare)		180
Phone work	VDT Workstation	120
Lighting (Poor Illumination/Glare)		120
Desk	Other	180
Standing Stationary or Inadequate Foot Support While Seated		180
Lighting (Poor Illumination/Glare)		180

UPPER EXTREMITY TABLE Ann Morin			
Category	Risk Factor	Exposure Time (min)	Score
Repetition	a. Identical or Similar Motion(s) Performed Every Few Seconds	180	1
	b. Intensive Keying	180	1
	c. Intermittent Keying	0	
Hand Force	a. Grip More Than 10 Pounds	0	
	b. Pinch More Than 2 Pounds	0	
Awkward Postures (Repetitive or Static)	a. Neck: Twist/Bend	0	
	b. Shoulder: Unsupported Arm or Elbow Above Mid Torso Height	0	
	c. Forearm: Rapid Rotation	180	1
	d. Wrist: Bend/Deviate	180	2
	e. Fingers	180	0
Contact Stress	a. Hard/Sharp Objects Press Into Skin	180	1
	b. Using the Palm of the Hand as a Hammer	0	
Vibration	a. Localized Vibration from Hand Held Tool	0	
	b. Sitting/Standing on Vibrating Surface	0	
Environment	a. Lighting (Poor Illumination/Glare)	480	3
	b. Cold Temperature		
Control Over Work	a. Control over work: Self work pace		0
TOTAL UPPER SCORE FOR TABLE A			9
Risk Factor of greater than 5 indicates increased risk			

BACK AND LOWER EXTREMITY TABLE Ann Morin			
Category	Risk Factor	Exposure Time (min)	Score
Awkward Postures (Repetitive or Static)	a. Mild Forward or Side Bending of Torso More Than 20 Degrees	0	
	b. Severe Bending of Torso > 45 Degrees	0	
	c. Backward Bending of Torso	0	
	d. Twisting of Torso	0	
	e. Prolonged Sitting Without Adequate Back Support	0	
	f. Standing Stationary or Inadequate Foot Support While Seated	180	1
	g. Kneeling/Squatting	0	
	h. Repetitive Foot Pedal Work	360	0
Contact Stress	a. Hard/Sharp Objects Press Into Skin	0	
	b. Using the Knee as Hammer or Kicker	0	
Vibration	a. Sitting/Standing on Vibrating Surface	0	
Push/Pull	a. Moderate Load	0	
	b. Heavy Load	0	
Control Over Work	a. Control over work: Self work pace		0
Manual Handling Checklist Score			0
TOTAL BACK AND LOWER EXTREMITY SCORE FOR TABLE B			1
Risk Factor of greater than 5 indicates increased risk			