

Employee Name: Bill Hung Date: 10/05/2006

Location: 32B024 Phone Ext. 6854 Dept. 5160 Manager Email: Madabhushi.Chari@xilinx.com

Observations

Bill Hung is a new hire and during his evaluation, he was working on his monitor and laptop with frequent document viewing that were on his desk. His laptop screen was three inches lower than his monitor screen. The arrangement has cause Bill to constantly twist and bend his neck to complete his task. Bill’s armrest was set too high causing him to flex his wrist to reach the keyboard and mouse. He was also leaning to his left causing contact stress to the elbows and his backrest was set too high.

Results – START Office Summary

START Risk Summary	Left Wrist	Right Wrist	Left Elbow	Right Elbow	Left Shoulder	Right Shoulder	Back	Neck	Legs	Eyes
Initial Evaluation Risk Levels	10	5	3	3	3	3	6	5	2	3
Follow-up Risk Levels										

Summary Score	Risk Level	Relationship to WMSD
0-2	Low Risk	Nominal risk: unlikely to increase the likelihood of developing musculoskeletal symptoms or exacerbate existing symptoms.
3-4	Moderate Risk	Moderate risk: may increase the likelihood of developing musculoskeletal symptoms and likely to exacerbate existing symptoms.
5-10	High Risk	High risk: increases the likelihood of developing musculoskeletal symptoms. Recommendations to address the body parts affected should be developed and implemented as soon as feasible.

Recommendations

1. During Bill’s evaluation, we lowered his armrest, lowered his back rest, moved his monitor closer and moved his laptop next to his monitor.
2. Recommended Bill to place his laptop in front of him and his monitor next to it if he uses his laptop as his primary screen.
3. Requested with Facilities to have keyboard tray wrist rest installed (WO # 37957 10/5/06).
4. Ordered monitor riser from Zones 10/5/06 and 3M document holder from Corporate Express 10/6/06.

Employee Comments

Bill explained that his setting was okay so far but needed a monitor riser.

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Date: 10/05/2006

> Hand & Wrist <

<p>> Forearm >55° palm down <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right</p> 	1
+	
<p>> Contact Stress Resting wrist on unpadded surface <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right</p> 	2
+	
<p>> Wrist Posture >20° in any direction <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right</p> 	3
+	
<p>> Frequency Keying > 4 hrs/day or ≥ 2min. of above <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right</p> 	4
<p>> TOTAL each out of 10</p>	
L	R
10	5

> Elbows <

<p>> Forearm Twisting > 45° <input type="checkbox"/> Left <input type="checkbox"/> Right</p> 	1
+	
<p>> Posture < 45° <input type="checkbox"/> Left <input type="checkbox"/> Right</p> 	2
+	
<p>> Contact Stress Forearm or elbow on hard surfaces <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right</p> 	3
+	
<p>> Frequency Any of the above ≥ 2min. <input type="checkbox"/> Left <input type="checkbox"/> Right</p> 	4
<p>> TOTAL each out of 10</p>	
L	R
3	3

> Shoulders <

<p>> Upper Arm Rotation > 40° <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right</p> 	1
+	
<p>> Posture Any Posture > 20° <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right</p> 	2
+	
<p>> Frequency Posture or Upper Arm ≥ 2min <input type="checkbox"/> Left <input type="checkbox"/> Right</p> 	3
+	
<p>> Force Unsupported arm posture > 50% of time <input type="checkbox"/> Left <input type="checkbox"/> Right</p> 	4
<p>> TOTAL each out of 10</p>	
L	R
3	3

> Eyes <

<p>> High Contrast High contrast in immediate work area</p> 	1
+	
<p>> Looking Up Eyes raised above horizontal</p> 	2
+	
<p>> Frequency Continuous monitor/document viewing > 30 min. <input checked="" type="checkbox"/></p> 	3
+	
<p>> Glare Direct or indirect glare</p> 	4
<p>> TOTAL out of 10</p>	
3	

> Back <

<p>> Lumbar None or no contact > 50% of time</p> 	1
+	
<p>> Posture Any Posture > 15° <input checked="" type="checkbox"/></p> 	2
+	
<p>> Force Unsupported arm > 50% of time or lifting > 6.5 lbs. while seated</p> 	3
+	
<p>> Frequency Sitting > 4 hrs/day <input checked="" type="checkbox"/></p> 	4
<p>> TOTAL out of 10</p>	
6	

> Neck <

<p>> Posture Any Posture > 20° <input checked="" type="checkbox"/></p> 	1
+	
<p>> Force Unsupported arm posture > 50% of time</p> 	2
+	
<p>> Static Posture > 20° and held for > 30 min. at a time</p> 	3
+	
<p>> Frequency More than 4 times per min. of posture <input checked="" type="checkbox"/></p> 	4
<p>> TOTAL out of 10</p>	
5	

> Legs <

<p>> Force Foot switch use</p> 	1
+	
<p>> Frequency Sitting > 4 hours per day <input checked="" type="checkbox"/></p> 	2
+	
<p>> Posture Feet do not touch floor or kneeling or crouching required</p> 	3
+	
<p>> Contact Stress From seat or desk or keyboard tray</p> 	4
<p>> TOTAL out of 10</p>	
1	