

ERGONOMIC PROCESS CHECKLIST

STEP	IN WORK	DONE	ACTION/NOTES
1. Receive request for Ergonomic Evaluation Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
2. Assigned Project Number: _____	<input type="checkbox"/>	<input type="checkbox"/>	
3. Project Coordinator: _____	<input type="checkbox"/>	<input type="checkbox"/>	
4. Complete Employee Comfort Survey, FRCSE 5103/6	<input type="checkbox"/>	<input type="checkbox"/>	
5. Perform Evaluation per OPNAVINST 5100.23G Appendix 23 A/B			
a. Identify Problems/Challenges	<input type="checkbox"/>	<input type="checkbox"/>	
b. Recommendation(s)			
<input type="checkbox"/> Immediate onsite fix. (Photo before and after fix)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> FRCSE fabrication/modification (Photo before and after fix)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> New Equipment Purchase	<input type="checkbox"/>	<input type="checkbox"/>	
6. Research available equipment/specifications	<input type="checkbox"/>	<input type="checkbox"/>	
7. Complete Ergonomic Purchase Specification, FRCSE 5103/17	<input type="checkbox"/>	<input type="checkbox"/>	
8. Present project to ERGO Team for approval Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
9. Submit Ergonomic Fund Request, FRCSE 5103/9	<input type="checkbox"/>	<input type="checkbox"/>	
10. Equipment Ordered Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Date received: _____	<input type="checkbox"/>	<input type="checkbox"/>	
11. Deliver equipment Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
a. Assemble equipment if required, or submit trouble call for installation	<input type="checkbox"/>	<input type="checkbox"/>	
b. Train user to properly use the equipment	<input type="checkbox"/>	<input type="checkbox"/>	
12. Present ERGO Team with completed project folder and discuss lessons learned	<input type="checkbox"/>	<input type="checkbox"/>	
13. Give completed project folder to the EPM (code 65100) for final disposition	<input type="checkbox"/>	<input type="checkbox"/>	
14. Provide a Follow-up Comfort Survey, FRCSE 5103/6, to the evaluated employee within three months of completion of evaluation	<input type="checkbox"/>	<input type="checkbox"/>	
Date given: _____ Date returned: _____			

All fields are required.

ALL required fields on this form must be completed and those not required indicate N/A.