Ergonomics Plan
## REVISION HISTORY

<table>
<thead>
<tr>
<th>Revision Number</th>
<th>Revision Date</th>
<th>Revised By</th>
<th>Description of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>2019-11-15</td>
<td>Charles Cherrito</td>
<td>Initial plan creation and implementation.</td>
</tr>
</tbody>
</table>
Contents

Purpose.................................................................................................................................................................4
Scope.....................................................................................................................................................................4
Responsibilities..................................................................................................................................................4
Definitions ..........................................................................................................................................................4
Identifying Ergonomic Risks ............................................................................................................................5
Controlling Ergonomic Hazards ..........................................................................................................................5
Ergonomic Evaluations .....................................................................................................................................6
Reporting Concerns..........................................................................................................................................6
Training ...............................................................................................................................................................7
Record Retention ..............................................................................................................................................7
References..........................................................................................................................................................7
PURPOSE

The purpose of this plan is to apply ergonomic principles to the workplace to reduce the number and severity of musculoskeletal disorders (MSDs), thus decreasing workers’ compensation claims and, where possible, increasing productivity, quality, efficiency as well as employee health. An ergonomically-designed work environment maximizes employee comfort while minimizing the risk of undue physical stress that often leads to injuries.

SCOPE

This plan applies to all employees at Florida Tech.

RESPONSIBILITIES

Employees
It is the responsibility of all employees to report ergonomic concerns to their supervisor.

Supervisors
Supervisors are to make every attempt to mitigate further ergonomics concerns from their employees. Reasonable accommodations are to be made that will rectify possible ergonomic concerns.

EHS Office
The EHS Office will assist in risk assessments as well as make recommendations to rectify ergonomics concerns or prevent health issues that arise from certain tasks.

Senior Management
The senior management of Florida Tech holds the added responsibility to ensure financial resources are made available to satisfy the recommendations of supervisors, EHS, and industrial standards for proper ergonomic practices.

DEFINITIONS

Ergonomics
Ergonomics is the study of people and their interaction with the elements of their job or task; including equipment, tools, facilities, processes, and environment. In practical terms, ergonomics is the science of human comfort—This plan concentrates on workplace comfort.
IDENTIFYING ERGONOMIC RISKS

There are two types of surveillance to identify tasks with ergonomic risks (active and passive).

❖ Active Surveillance
This will be Florida Tech’s preferred method. Active surveillance uses observations, interviews, surveys, questionnaires, checklists, and formal worksite evaluations to identify specific high-risk activities.

❖ Passive Surveillance
In the event this method is utilized, Florida Tech’s Risk Management department will assist to the ability they are able. Passive surveillance involves conducting a records review, which looks at existing data (if available) such as OSHA 300 logs, workers’ compensation claims, visits to the medical facility, and absentee records. Records may also indicate a frequency of worker complaints due to undue strain, fatigue or pain, or may show a history of high turnover in certain departments or positions.

CONTROLLING ERGONOMIC HAZARDS

Florida Tech will take steps to identify ergonomic risk factors and reduce hazards by using a three-tier hierarchy of control (in order of preference):

❖ Engineering Controls
The most desirable and reliable means to reduce workplace exposure to potentially harmful effects. This is achieved by focusing on the physical modifications of jobs, workstations, tools, equipment, or processes to eliminate the hazard.

❖ Administrative Controls
This means controlling or preventing workplace exposure to potentially harmful effects by implementing administrative changes such as job rotation, job enlargement, rest/recovery breaks, work pace adjustment, redesign of methods, and worker education.

❖ Personal Protective Equipment (PPE)
Although not recognized as an effective means of controlling ergonomics hazards and does not take the place of engineering or administrative controls, there are forms of PPE, which can make employees more comfortable, e.g., kneepads, anti-vibration gloves, etc.
ERGONOMIC EVALUATIONS

An ergonomic evaluation must be performed by supervisors upon any complaint or concern. Supervisors should utilize the form titled, “Appendix A: Ergonomics Evaluation Form” when conducting the evaluation (essentially, they are the Evaluator). A completed evaluation must be sent to the EHS Office (ehs@fit.edu).

If requested, or upon being notified of a concern, the EHS Office will assist supervisors in investigate the concern by assisting with Ergonomic Evaluations. Each investigation will be fully document by EHS, along with any recommendations provided.

➤ Due Diligence

Aside from when concerns arise, supervisors should complete an Ergonomic Evaluation as due diligence. The frequency is determined on a case-by-case according to a variety of factors: job tasks, environmental factors, employee productivity and moral, and/or task frequency. Initially upon a new task being performed and/or on a discretionary ongoing basis are suggested times for Ergonomic Evaluations as due diligence.

REPORTING CONCERNS

Employees are strongly encouraged to report any ergonomic concerns to their supervisors. Doing so may improve health and overall wellness. When concerns are expressed, it will be the initial responsibility of the supervisor to conduct an Ergonomics Evaluation. If the employee has reported the concern to the EHS Office, the supervisor and EHS will be involved in the evaluation.

In the event employees do not desire to seek help, there are resources for self-research that may be helpful. One resource (particularly individuals who work in an office setting, is Computer Workstations eTool found on the Occupational Safety and Health Administration (OSHA) website.
**TRAINING**

Training is intended to enhance the ability of supervisors and employees to recognize work-related ergonomic risk factors and to understand preventative measures and apply appropriate control strategies. Therefore, all Florida Tech employees are encouraged to sign up for the Florida Tech online “Office Ergonomics” training found here: [https://www.fit.edu/office-of-environmental-health-and-safety/safety-training/](https://www.fit.edu/office-of-environmental-health-and-safety/safety-training/).

**RECORD RETENTION**

Florida Tech EHS Office will retain the ergonomics evaluation and training records for 3 years. All medical records will be maintained in the employee’s personnel file for 30 years past employee separation date.

**REFERENCES**

OSHA: Ergonomics  
[https://www.osha.gov/SLTC/ergonomics/](https://www.osha.gov/SLTC/ergonomics/)

OSHA: Computer Workstations eTool  
# Appendix A: Ergonomics Evaluation Form

**TASK INFORMATION**

<table>
<thead>
<tr>
<th>Job Task</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
<td></td>
</tr>
<tr>
<td>Supervisor</td>
<td></td>
</tr>
</tbody>
</table>

Describe the nature of the concern (attach photos if possible):

**EVALUATOR’S RESPONSE**

<table>
<thead>
<tr>
<th>Date of Evaluation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluator’s Name</td>
<td></td>
</tr>
<tr>
<td>Evaluator’s Assessment</td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments