

TRINITY COUNTY POLICY  
ERGONOMIC ASSESSMENT, PURCHASE OF ERGONOMIC FURNITURE/COMPUTER  
ACCESSORIES, CONSTRUCTION/REMODELLING OF BUILDINGS & LEASE/RENT OF  
BUILDINGS

This policy shall supersede Policy Statement No. 1-98(P)

I. WORKSTATION FURNITURE / COMPUTER ACCESSORIES ASSESSMENTS

- a. An Ergonomic Workstation Assessment shall be conducted within two weeks of assignment to a new workstation.
- b. A current employee may request an Ergonomic Workstation Evaluation with the approval of the Department Head, Supervisor, Department Safety Representative (DSR), Loss Prevention Specialist (LPS) or County Risk Manager.
- c. Prior to the purchase of workstation furniture and/or computer accessories, a formal ergonomic assessment shall be conducted.
- d. All ergonomic assessments shall be conducted by a trained Department Safety Representative (DSR), Loss Prevention Specialist (LPS) or Risk Manager.
- e. To request an ergonomic assessment: The employee shall complete and submit the Trinity County Ergonomic Assessment Request Form (Exhibit A) to the Department Safety Representative (DSR).
- f. The completed Ergonomic Workstation Assessment with recommendations will be presented to the Department Head for approval.
- g. A copy of all finalized ergonomic assessments must be provided to the Risk Management Department for record.

II. WORKSTATION FURNITURE / COMPUTER ACCESSORIES PURCHASE

- a. Purchase of workstation furniture and/or computer accessories requires approval of county risk management.
- b. Upon review and approval by the submitting Department Head, the department shall submit the Request for Workstation Furniture / Computer Accessories Purchase Form (Exhibit B) along with a copy of the original Ergonomic Assessment Request Form to the Risk Management Department.
- c. Upon review by Risk Management both forms will be returned to the requesting department with approval and/or recommendations.
- d. Payment of claims for workstation furniture and/ or computer accessories requires a copy of the approved Request for Furniture, Ergonomic Purchase or Construction Form attached to the claim.

III. CONSTRUCTION OR REMODELING OF BUILDINGS/WORK AREAS

- a. The following departments shall be included in the initial planning stages and prior to any proposed construction and/or remodel of any county owned or leased facility: General Services and Risk Management Departments.
- b. Prior to initiating any construction The Department shall submit their proposal and plans to General Services for review.

- c. General Services shall submit the proposal and plans to the appropriate officials, to include, but not limited to, Building Inspector, County Counsel, Risk Manager, for review prior to final approval.
- d. General Services will forward approval of the project or provide recommendations for meeting conditions needed for approval to the requesting department.

III. LEASE OR RENTAL OF BUILDINGS NOT OWNED BY COUNTY

- a. A Department shall provide the County Administrative Officer (CAO) the proposal to rent or lease a building which is not owned by the County.
- b. The CAO shall submit the proposal to the appropriate officials, such as, Building Inspector, County Counsel, General Services, Risk Manager, etc. for review.
- c. The proposed building/facility shall be inspected by General Services, Building Inspector and Risk Management to assure health, safety and code compliance.

A handwritten signature in blue ink, appearing to read "Judy Morris", is written over a horizontal line.

Judy Morris  
Chairman of the Board

EXHIBIT A

# TRINITY COUNTY ERGONOMIC ASSESSMENT REQUEST FORM

<b>Please submit to your Department Safety Representative</b>	
Name: _____	E-mail: _____
Work Phone: _____	Department: _____
Date: _____	Supervisor: _____
Are you experiencing pain or discomfort? _____ _____ If no, please advance to the <b>"Reason(s) for Ergonomic Assessment"</b> portion of the form. If so, how often does it occur? _____ Describe the area(s) of discomfort: _____ _____ _____	
Have you filed a Worker's Comp Claim related to this request? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date of injury: _____	
When did you first notice your discomfort? _____ _____	
What do you think caused the discomfort? _____	
Please comment on what you think would help to reduce your level of discomfort: _____ _____ _____	
<b>Reason(s) for Ergonomic Assessment (check all that apply):</b> <input type="checkbox"/> New Equipment / Furnishings / Accessories Received <input type="checkbox"/> Discomfort <input type="checkbox"/> Recent Move <input type="checkbox"/> Other - List Reason: _____	
Supervisor's Name: _____	Signature: _____
Employee Name: _____	Signature: _____
Department Safety Representative: _____	
Date: _____	

Thank you! You will be contacted by your DSR within the week to arrange a date/time for your assessment.

EXHIBIT B

TRINITY COUNTY REQUEST FOR  
WORKSTATION FURNITURE / COMPUTER ACCESSORIES PURCHASE FORM

Name of Department: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Phone: \_\_\_\_\_

Description, Item & Quantity of item(s) to be purchased: (Please describe or use attachment)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Risk Management Recommendations: \_\_\_\_\_ Date: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

Approved \_\_\_\_\_  
Shelly Pourian, Risk & Loss Prevention Manager

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