



**Food Safety and Inspection Service**  
**Wellness Training Program**

**Chair Feature Checklist**

Below is a list of chair features which contribute to comfort. On the right-hand side of the page, opposite each feature, are five brief phrases descriptive of the feature. Place an "X" in the box which best describes the opinion you have of that feature. If this checklist does not apply to you or your workstation, mark the "Not Applicable" box.

**SEAT**       **Not Applicable**

- |                             |   |   |  |  |  |
|-----------------------------|---|---|--|--|--|
| Seat height above the floor | <input type="checkbox"/> <i>very low</i>                | <input type="checkbox"/> <i>low</i>             | <input type="checkbox"/> <i>correct</i>  | <input type="checkbox"/> <i>high</i>           | <input type="checkbox"/> <i>very high</i>              |
| Seat length                 | <input type="checkbox"/> <i>very short</i>              | <input type="checkbox"/> <i>short</i>           | <input type="checkbox"/> <i>correct</i>  | <input type="checkbox"/> <i>long</i>           | <input type="checkbox"/> <i>very long</i>              |
| Seat width                  | <input type="checkbox"/> <i>very narrow</i>             | <input type="checkbox"/> <i>narrow</i>          | <input type="checkbox"/> <i>correct</i>  | <input type="checkbox"/> <i>wide</i>           | <input type="checkbox"/> <i>very wide</i>              |
| Seat shape                  | <input type="checkbox"/> <i>poor fit</i>                | <input type="checkbox"/> <i>fair</i>            | <input type="checkbox"/> <i>adequate</i> | <input type="checkbox"/> <i>above average</i>  | <input type="checkbox"/> <i>fits well</i>              |
| Slope of seat               | <input type="checkbox"/> <i>slopes too far backward</i> | <input type="checkbox"/> <i>slopes backward</i> | <input type="checkbox"/> <i>correct</i>  | <input type="checkbox"/> <i>slopes forward</i> | <input type="checkbox"/> <i>slopes too far forward</i> |

**ARM SUPPORT**       **Not Applicable**

- |                      |   |  |  |   |   |
|----------------------|---|--|--|---|---|
| Height of arm rest   | <input type="checkbox"/> <i>very low</i>    | <input type="checkbox"/> <i>low</i>    | <input type="checkbox"/> <i>correct</i>  | <input type="checkbox"/> <i>high</i>          | <input type="checkbox"/> <i>very high</i> |
| Arm rest shape       | <input type="checkbox"/> <i>poor fit</i>    | <input type="checkbox"/> <i>fair</i>   | <input type="checkbox"/> <i>adequate</i> | <input type="checkbox"/> <i>above average</i> | <input type="checkbox"/> <i>fits well</i> |
| Position of arm rest | <input type="checkbox"/> <i>very narrow</i> | <input type="checkbox"/> <i>narrow</i> | <input type="checkbox"/> <i>correct</i>  | <input type="checkbox"/> <i>wide</i>          | <input type="checkbox"/> <i>very wide</i> |

**BACK SUPPORT**       **Not Applicable**

- |   |   |  |  |   |  |
|---|---|--|--|---|--|
| Position of backrest                      | <input type="checkbox"/> <i>very low</i>        | <input type="checkbox"/> <i>low</i>        | <input type="checkbox"/> <i>correct</i>  | <input type="checkbox"/> <i>high</i>                    | <input type="checkbox"/> <i>very high</i>    |
| Molded chair back                         | <input type="checkbox"/> <i>poor fit</i>        | <input type="checkbox"/> <i>fair</i>       | <input type="checkbox"/> <i>adequate</i> | <input type="checkbox"/> <i>above average</i>           | <input type="checkbox"/> <i>fits well</i>    |
| Curvature of back support                 | <input type="checkbox"/> <i>very flat</i>       | <input type="checkbox"/> <i>flat</i>       | <input type="checkbox"/> <i>correct</i>  | <input type="checkbox"/> <i>curved</i>                  | <input type="checkbox"/> <i>very curved</i>  |
| Clearance for feet and calves under chair | <input type="checkbox"/> <i>very obstructed</i> | <input type="checkbox"/> <i>obstructed</i> | <input type="checkbox"/> <i>adequate</i> | <input type="checkbox"/> <i>reasonably unobstructed</i> | <input type="checkbox"/> <i>unobstructed</i> |

**DATE:** \_\_\_\_\_

**CHAIR TYPE:** \_\_\_\_\_

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**Hand Tool Evaluation Checklist**

	<b>YES</b>	<b>NO</b>
1. Is the hand being used as a tool?	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____		
2. Is the wrist bent during tool use?	<input type="checkbox"/>	<input type="checkbox"/>
___ Improper handle design		
___ Improper tool selection		
___ Improper part orientation		
___ Improper usage by employee		
Comments: _____		
3. Do tools have preferred grips?	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____		
4. Inappropriate handle diameter (single handle tool)	<input type="checkbox"/>	<input type="checkbox"/>
___ 1.5" power grip		
Comments: _____		
5. Do handles cause stress concentrations on hand?	<input type="checkbox"/>	<input type="checkbox"/>
___ Handles not padded		
___ Handles too short		
Comments: _____		
6. Do handles cause high grip/force requirements?	<input type="checkbox"/>	<input type="checkbox"/>
___ Handles are slick		
___ Flange needed at base of tool		
Comments: _____		

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**Job Modification Report**

Date: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

**Recommendation to redesign the following job to reduce back stress:**

**Description of Job:** \_\_\_\_\_

**Job Location:** \_\_\_\_\_

This job now requires:

- \_\_\_ Unnecessary manual material movement
- \_\_\_ Lifting excessive weight
- \_\_\_ Twisting (or pivoting) while lifting or holding an object
- \_\_\_ Lifting above shoulder height
- \_\_\_ Lifting from floor or below knee level
- \_\_\_ Lifting with extended arms
- \_\_\_ Lifting over objects or barriers
- \_\_\_ Repetitive lifting
- \_\_\_ Long periods of standing
- \_\_\_ Stooping to perform work
- \_\_\_ Standing without a footrest (a footrest allows knees to be elevated above hips)
- \_\_\_ Prolonged sitting in a chair without adequate back support

**Suggestions for Improvement**

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**Attention Supervisor:** *This format may be used when you hold toolbox meetings, employee training, or when your employees review work operations.*