The purpose of this work sheet is to follow up on the implemented ergonomic improvements.

Employee’s Name: ___________________________  Job Title: ___________________________  Date: ___________________________

Name of Observer: ___________________________  Job Location: ___________________________

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Task</td>
<td>How did you improve this task?</td>
<td>What happened as a result of your improvement?</td>
<td>Follow-up date (if required)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Make copies as needed
DIRECTIONS FOR USE

1. Enter the date, employee’s name, job title, name of observer, and the job location.

2. In column A, list the date when the improvement was put in place.

3. In column B, list each task for which improvements were made.

4. In column C, describe the improvements that were made.

5. In column D, describe the results of each improvement implemented by answering the following questions.

   **Has this improvement:**
   - Had enough time to work (e.g., are employees used to the changes)?
   - Reduced or eliminated fatigue, discomfort, symptoms, and/or musculoskeletal disorders?
   - Reduced or eliminated most or all of the contributing factors and the reasons for them?
   - Reduced or eliminated other identified problems and the reasons for them?
   - Added any new contributing factors or other problems?
   - Worked from a financial standpoint?
   - Had a positive effect on productivity and efficiency?
   - Matched the production requirements of the job?
   - Had a positive effect on product and service quality?
   - Been accepted by employees (e.g., raised employee morale)?
   - Been fully implemented in a reasonable amount of time?
   - Had a positive effect on absenteeism and turnover rates for jobs where changes were made?
   - Been supported with the training needed to make it effective?

6. In column E, establish another follow-up date, if necessary. Continue to use this work sheet for subsequent follow-up evaluations.