

**Saddleback College**  
**Office of College Administrative Services**

**ERGONOMICS GUIDE FOR ADMINISTRATORS/MANAGERS**

**General Information**

The SOCCCD Risk Management Office manages the ergonomics program; however, ergonomic chair requests are handled by the **College Administrative Services (CAS)** Office. Administrators, Division Deans, Department Directors, and Managers are responsible for the implementation of the program and for ensuring:

1. Ergonomic exposures are identified and managed.
2. Suspected or known ergonomic injuries and illnesses are identified and reported to Risk Management.
3. Work-related injuries and illnesses are investigated and corrective action is identified and implemented.
4. Elements of the ergonomics plan are implemented and maintained.
5. Sufficient budgeting is allocated for ergonomic improvements.
6. All tools and equipment are ordered from the District's list of approved ergonomic tools and equipment.
7. Coordinating ergonomic assessments with Risk Management.

**There are two types of ergonomic requests/procedures:**

**1. Ergonomic Chair Request**

If the employee is requesting an ergonomic chair in order to alleviate body discomfort and/or assist the employee in performing their daily tasks, then the employee must complete an *Ergonomic Chair Request* form (form and procedures can be found on the **CAS Office** website ([www.saddleback.edu/vpcas](http://www.saddleback.edu/vpcas))). The form will then be reviewed by the supervisor and submitted to the **CAS Office** for evaluation and authorization.

**2. Ergonomic Equipment Request**

If the employee is requesting a full workstation assessment and/or ergonomic equipment other than chairs (i.e. headset, key board, desk, etc.), then the employee must notify their supervisor and also complete the *Ergonomics Assistance Request* form (FS # 37), located on the District's SharePoint site: <https://sharepoint.socccd.edu/bs/rm/Lists/RM%20Forms/AllItems.aspx>. This form will then be reviewed by the supervisor and submitted to the **SOCCCD Risk Management office** for evaluation.

***Questions regarding other aspects of this program should be directed to the SOCCCD Risk Management Office.***

**Please consider the following questions when approving an ergonomic request:**

1. Is the employee's request reasonable?
2. Does employee have a request from a medical doctor?
3. Does employee currently have ergonomic equipment?
4. How old is employee's current equipment?
5. Does employee currently have ergonomic equipment?
6. What concerns does the employee have?
7. How much time does employee spend using the equipment that is being requested?
8. Does the employee need to know how to adjust existing ergonomic equipment?