



Ergonomics Issue Resolution Tracking Form

BASIC INFORMATION

Analysis Date:
Analyst:
Location:
Job Description:

RESOLUTION/ CONTROLS

ENGINEERING CONTROLS	CONTROL NEEDED			ACTION PLAN	PRIORITY	PERSON RESPONSIBLE	DUE DATE
Workstation/ Equipment Layout	Yes	No	N/A				
Workstation/ Equipment Adjustment	Yes	No	N/A				
Equipment Design	Yes	No	N/A				
Tool Design	Yes	No	N/A				
Product Design	Yes	No	N/A				
Process Design	Yes	No	N/A				
Work Conditions	Yes	No	N/A				
ADMINISTRATIVE CONTROLS	CONTROL NEEDED			ACTION PLAN	PRIORITY	PERSON RESPONSIBLE	DUE DATE
Work Methods	Yes	No	N/A				
Training	Yes	No	N/A				
Job Rotation	Yes	No	N/A				
Job Enlargement	Yes	No	N/A				
Workspace	Yes	No	N/A				