COUNTY OF LOS ANGELES

PROBATION DEPARTMENT

DIRECTIVE

No.:	1481
Issued:	02/07/2023
Post Until:	03/07/2023

SUBJECT: Ergonomics Program

This Directive supersedes and replaces Directive 1336 issued August 21, 2013.

The County of Los Angeles Probation Department (Department) recognizes the importance of proper body mechanics and workplace design (ergonomics) in the prevention of repetitive motion injuries (RMIs) as part of its overall health and safety effort. It is the policy of the Department to ensure appropriate employees are trained in the fundamentals of the recognition and prevention of repetitive motion injuries.

This document is designed to:

- Establish guidelines to identify, prevent, reduce, and control ergonomic hazards in accordance with applicable regulations.
- Assist Department personnel in the prevention of occupational disease or injuries associated with repetitive motions and ergonomic risks.
- Ensure the Department provides employees with the ergonomic support necessary for the safe completion of their required job responsibilities.

It is the goal of the Department to make every task performed by its employees physically and environmentally safe. Ergonomics focuses on the interaction between people and their work, the tools they use, the tasks they perform, and the physical environment in which they perform their jobs.

This ergonomic program applies to all personnel under the direct supervision of the Department (i.e., Temporary Employees, Part-time Employees, Full-time Employees). All Department personnel shall comply with the provisions outlined in this document.

This Directive is separated into seven (7) major sections and includes attachments as outlined below:

- Section A – Definitions
- Section B – Responsibilities
- Section C – Program Elements
- Section D – Training and Education
- Section E – Recordkeeping
- Section F – References

Section A – Definitions

Administrative Controls: Procedural control measures that include but are not limited to redesign of work duties, adjustment of work pace, use of rest periods/breaks, training, or altering work duties to interrupt activities that pose a risk to the employee.

Affected Employee: Employees who are involved in a job, process, or operation where a repetitive motion injury has occurred to more than one employee during the previous twelve months.

Awkward Postures: Body posture determines which joints and muscles are used in an activity and the amount of force or stresses that are generated or tolerated. Manipulative or other tasks requiring repeated or sustained extended reaching, bending, or twisting of the wrists, knees, hips, or shoulders also impose increased stress on the joints.

Biomechanical Risk Factor: Aspects of a job task that impose physical stress on tissues of the musculoskeletal system, such as muscles, nerves, tendons, ligaments, joints, cartilage, spinal discs, or blood vessels of the extremities.

Contact Stress: Activities involving either repeated or continuous contact between sensitive body tissue and hard or sharp objects. Contact stress commonly affects the soft tissue on fingers, palms, wrists, forearms, upper back, shoulders, thighs, and feet. Pressure may be unwittingly induced over a small area of the body (e.g., wrists, forearms) that can inhibit blood flow, tendon and muscle movement, and nerve function.

Cumulative Trauma Disorder (CTD): Term used for health disorders arising from repeated biomechanical stress on the body due to ergonomic hazards. CTDs are disorders of the muscles, tendons, and/or nerves that develop from or are aggravated by repeated exertions or movements of the body. CTDs are also referred to as repetitive motion injuries, repetitive strain injuries, repetitive trauma disorders, and overuse injuries.

CTD Risk: The presence of the following factors in work activity whereby a CTD is substantially likely to result: frequency (repetition), force, duration, posture, exposure to localized or whole-body vibration, and exposure of hands and feet to temperatures cold enough to cause discomfort.

CTD Symptom: Any of the following, when persisting or recurring: pain from movement, from pressure, or from exposure to cold or vibration, except when the pain is due to an acute injury; numbness or tingling in an arm, leg, or finger, especially fingertips at night; decreased range of joint motion; decreased grip strength; and swelling of a joint or part of an arm, leg, or finger.

Disorder: A physical ailment or abnormal condition.

Duration: The amount of time a person is continually exposed to a risk factor. Job tasks that require use of the same muscles or motion for a prolonged duration increase the likelihood of both localized and general fatigue. The longer the period of continuous work, the longer the required recovery or rest time.

Engineering Controls: Engineered risk control measures that include but are not limited to: devices such as adjustable workstations, tables, chairs, equipment, and tools; and physical modifications to workstations, equipment, tools, production processes, or any other aspect of the work environment.

Ergonomics: Is the science of matching the workplace and job demands to the physical characteristics of employees rather than requiring employees to conform to an

uncomfortable work environment. The focus is to prevent employee symptoms and injuries through the proper design of jobs, tasks, tools, and work areas. Employee factors such as height, flexibility, strength, endurance, comfort criteria, and susceptibility to injury should also be considered.

Ergonomic Risk Factors:
Some ergonomic risk factors are:

- Awkward posture
- Repetitive movement, especially of high frequency
- Amount and duration of force
- Rapid work pace (especially when set by machine demands)
- Awkward grip
- Imbalanced loads
- Poor tool design, use, or selection
- Improperly aligned workstations
- Physical impact, vibration, or poor body mechanics

Ergonomic Hazards: The workplace conditions that pose biomechanical stress to the worker.

Fatigue: A condition that results when the body cannot provide enough energy for the muscles to perform a task.

Forceful Exertions: Tasks that require forceful exertion that place high loads on the muscles, tendons, ligaments, and joints. Increasing body demands and greater muscle exertion along with other physiological changes necessary to sustain an increase in effort. Prolonged or recurrent experiences of this type may also lead to musculoskeletal problems.

Personal Protective Equipment (PPE): Clothes, padding, gloves, devices, equipment, or other items worn on or attached to the body and used for the purpose of controlling CTD risk.

Repetitive Motion Injuries (RMIs): Injuries to the body's musculoskeletal system that may occur as a result of prolonged exposure to repetitive motion activities or other ergonomic risk factors. Such injuries account for the most frequent lost-time workers' compensation claims in the County and can be among the most costly occupational problems. Other terms frequently used for RMIs include Cumulative Trauma Disorders (CTD), Repetitive Strain Injury (RSI), Repetitive Trauma Syndrome (RTS), and Overuse Syndrome (OS).

Risk Factors: Conditions that contribute to the risk of developing a disorder.

Surveillance: The ongoing systematic collection, analysis, and interpretation of health and exposure data for the purpose of describing and monitoring a health event. Surveillance data are used to determine the need for occupational safety and health action and to plan, implement, and evaluate ergonomic interventions and programs.

Trauma: Bodily injury from mechanical stress.

Section B – Responsibilities

Human Resources Director

- Approves new or revised ergonomic programs and policies.
- Authorizes allocation of physical and financial resources necessary to maintain an effective Ergonomics Program.
- Ensures implementation of the Ergonomics Program throughout the Department.
- Authorizes budgeting and expenditure of necessary resources to implement the program.

Risk Manager

- Approves new or revised ergonomic programs and policies.
- Ensures that the Ergonomics program is implemented and is being followed throughout Probation.
- Requests physical and financial resources necessary for the correction of ergonomic hazards.
- Actively supports the system implemented for communicating with employees on matters relating to employee ergonomic stresses.
- Provides support, leadership, and direction for the Ergonomics Program.
- Delegate's authority, responsibility, and accountability to appropriate individuals to effectively implement and maintain all Ergonomics Program requirements.
- Provides corrective action as may be deemed necessary or practical to modify or replace equipment, machinery, and tools which are found to create repetitive motion injuries (RMI) if technologically feasible.

Safety Officer

- Prepares guidelines, programs, training, and implementation in conformance with all Title 8, California Code of Regulations.
- Develops and presents manager/ supervisor training.
- Assigns Ergonomic Evaluations as received to the Unit's Safety Inspectors and Safety Assistants.
- Provides consultation with regard to the process of anticipating, identifying, evaluating, and mitigating ergonomic hazards.

- Provides technical assistance to the Department's Bureaus, including Facilities, Planning, and Procurement, on the identification, evaluation, and selection of chairs, desks, and all equipment purchased for use by the Department's employees.

- Ensures that a procedure is in place for employees to report symptoms and perceived work-related ergonomic risk factors.

- Monitors the effectiveness of the departmental ergonomic program on an ongoing basis.

- Collects, maintains, and reviews all CTD-related injury and illness reports.

- Conducts ergonomic worksite evaluations of office workstations and other work sites for employees who report CTD symptoms.

- Provides assistance to supervisors who request ergonomic support for a specific workstation or operation.

- Coordinates and schedules employee ergonomic training.

- Maintains Ergonomic Matrix Tracking Log (ergonomic assessments conducted and equipment issued), stored in the Health and Safety shared drive.

- Files all related ergonomic documents in an electronic folder for recordkeeping purposes.

Safety Inspectors / Assistants

- Coordinates and schedules employee ergonomic assessments after receiving the Ergonomic Evaluation Request Form (Attachment A).

- Identifies problems and risk factors during worksite evaluations by completing the Workstation Evaluation Form (Attachment B).

- Completes all necessary recommended equipment requests and submits an Ergonomic Product Checklist (Attachment D) to the Unit's Safety Officer.

- Ensures employees are provided with appropriate tools, equipment, parts, or materials required to perform the job at the lowest of exposure to risk factors that are feasible.

- Provides training that includes an explanation of proper use of equipment and control measures to prevent or minimize exposure to RMIs.

- Provides assistance to managers and supervisors who request ergonomic support for a specific workstation or operation.

Managers/Supervisors

- Implements the Ergonomics Program.
- Attends necessary training to recognize and control ergonomic risks.
- Reinforces correct ergonomic principles and remind staff at unit meetings that compliance with ergonomic regulations is mandatory.
- Upon employee's request, provides Ergonomic Evaluation Request Form (Attachment A).
- Submits completed Ergonomic Evaluation Request Form (Attachment A) via email to LossControl@probation.lacounty.gov .
- Responds to workers' concerns regarding ergonomic problems.
- Provides employees with assistance in acquiring ergonomic equipment, correcting workstation design, or changing work habits when early signs of RMIs appear.
- Encourages reporting of ergonomic symptoms or concerns.
- Ensures that an ergonomic workstation evaluation is conducted each time an employee is assigned to a new workstation.
- Ensures employees are trained and educated in ergonomics, including the identification, remediation, and reporting of known and suspected ergonomic hazards.
- Ensures that when an employee goes out on a leave of absence, all ergonomic equipment is stored in a designated, secure location. Upon the employee's return to work, ensures the equipment is set up properly.
- Requests the assistance of the Safety Officer as needed to identify and correct ergonomic-related issues.

Employees

- Attends training.
- Follows safe work practices and ergonomic recommendations.
- Immediately reports signs and symptoms of RMIs and perceived work-related ergonomic hazards to the supervisor.
- Promptly submits the Ergonomic Evaluation Request Form (Attachment A) to their immediate supervisor.
- Must be present for all ergonomic workstation evaluations and the delivery of the

recommended equipment. If the employee is not present, the evaluation cannot be conducted.

- Organizes the work environment to minimize frequent repetitive motions, which could lead to injuries.

- Refrains from disabling, removing, or otherwise tampering with any corrective measures or adjustments made to workstations or the workplace by the Facility Manager, the Third-Party Administrator, and/or Risk Management.

- Reports damaged, malfunctioning tools, equipment, or materials to the supervisors in a timely fashion.

- Reports all injuries and illnesses immediately to the supervisor.

Disability Management and Compliance Unit (DMC)

- Monitors medical certifications provided by employees to determine if a healthcare provider has recommended ergonomic equipment and/or an ergonomic workstation evaluation.

- Conducts Interactive Process Meeting (IPM) when non-standard equipment is requested, such as a sit/stand workstation or neck rest.

- Refers ergonomic equipment and/or ergonomic workstation evaluation requests to the Third-Party Administrator (TPA) when an employee files or has an open workers' compensation claim.

- Sets appropriate controls for the recommended workstation evaluation if an employee is on a leave of absence to ensure that the evaluation is conducted upon the employee's return to work.

- Conducts telephonic IPMs and advises the employee that they must be present for the workstation evaluation to be conducted and/or for the equipment to be delivered and adjusted to meet the employee's needs.

- Prepares written confirmation of IPM to document that the employee on a leave of absence was notified of the need to be at work in order for a workstation evaluation to be conducted and/or equipment to be delivered and adjusted.

- Files copies of all documents (including emails) pertaining to ergonomics in confidential DMC Unit files.

- Requests the assistance of the Health and Safety Unit when employees need training on the use of ergonomic equipment.

- Coordinates with the Health and Safety Unit or designee to discuss, evaluate, and resolve Americans with Disabilities Act (ADA) concerns related to ergonomic accommodations.

Section C – Program Elements

Ergonomic Assessments

- An assessment can be initiated by an employee, an employee's doctor's request, a supervisor's request, policy violation, or as otherwise determined necessary by the Safety Officer utilizing the Ergonomic Evaluation Request Form (Attachment A).

- Reasons for an Ergonomic Evaluation Request include but are not limited to the following:

    - Employee concern about workstation set-up.

    - Employee concern with physical discomfort.

    - New or revised process, procedure, or task.

    - New hire employee or new workstation.

    - Workers' compensation claim.

    - Non-occupational injury, illness, or disability.

- Requests for ergonomic equipment or a workstation evaluation made by an employee with an open workers' compensation claim will be handled by the Third-Party Administrator (TPA). Disability Management and Compliance Unit will coordinate the request with the TPA.

Ergonomic Assessments

- Recommendations are intended to be uniquely for the ergonomic benefit of the individual who has received the ergonomic evaluation.

- Intended to address the specific work processes and mitigate the risk factors which cause RMIs.

- Recommendations are determined on a case-by-case basis.

- Purchase requests submitted to procurement require the Risk Manager's approval.

- The County of Los Angeles Product List (Attachment D) will be used to assist the Department in identifying and selecting the appropriate ergonomic equipment.

- Purchased equipment will remain the property of the Department upon the employee's separation from employment or when there is no longer a need for the employee to use the equipment.

Ergonomic Replacement

- All equipment replacement requests will be coordinated by the Health and Safety

Unit and will be handled on a case-by-case basis.

Equipment Relocation with the Probation Department

Within an office

- Ergonomic equipment being relocated within an office can be moved by the supervisor or designated staff with the exception of a keyboard tray, computer equipment, and a sit/ stand workstation. A keyboard tray, computer equipment, and a sit/stand workstation involve special disassembly and reassembly and require the assistance of Management Service Bureau (MSB). A Special Service Request must be completed and submitted through Probation Facility Management Systems (PFMS) (Attachment F) located on the Probation's Intranet Portal, PROBNET, by the employee or supervisor.

Outside an office

- Ergonomic equipment that is being relocated outside of the current office location must be moved by MSB. A Special Service Request must be completed and submitted through Probation Facility Management Systems (PFMS) located on the Probation's Intranet Portal, PROBNET, by the employee or supervisor.

- Once the equipment has been relocated, the Health and Safety Unit must be contacted by the employee's supervisor in order to conduct an ergonomic assessment to ensure the workstation is correctly set up and meets current ergonomic guidelines.

Section D – Training and Education

- Training and education are meant to help all staff recognize work-related ergonomic factors and understand and apply appropriate control strategies.

- Training in the early recognition of RMI signs and symptoms as well as control of ergonomic risk factors will be given as follows:

  - To all new employees during orientation.

  - To all employees assuming a new job assignment.

  - When new jobs, tasks, tools, equipment, machinery, workstations, or processes are introduced.

  - When high exposure levels to ergonomic risk factors have been identified.

- Training and education for all managers, supervisors, and workers will include the following elements:

  - An explanation of the Probation Department's Ergonomic Program and their role in the program.

- A list of the exposures that have been associated with RMIs.
- A description of early RMI signs, symptoms, and consequences of injuries that are caused or aggravated by risk factors related to work as well as those not related to work.
- An emphasis on the importance of early reporting of RMI signs and symptoms and injuries to management.
- The methods used by the Department to minimize risk factors related to work as well as those not related to work.
- The methods and means of reporting RMIs.

- Training will be provided in one, or a combination, of the following formats:
  - Oral Presentation.
  - Videos.
  - Distribution of educational literature.
  - Hands-on equipment and work practice demonstrations.

Section E – Recordkeeping

Ergonomic Evaluation Records

- Records are maintained by the Health and Safety Unit at Probation Headquarters.
- Employees interested in obtaining a training history, or a hard copy of a particular document, can request information through their supervisors or contact the Safety Officer for assistance. Hard copies of employee health and safety records are to be maintained for the duration of employment.
- All information obtained under this program will be maintained for a minimum of 5 years and include, but not be limited to:
  - Copies of all ergonomic evaluation requests.
  - Copies of all ergonomic evaluation reports.

Section F – References

- California Occupational Safety and Health Administration: Title 8, California Code of Regulations (CCR), Section 5110 (RMI)

- California Occupational Safety and Health Administration: Title 8, California Code of Regulations (CCR), Section 3203- Injury Illness Prevention Program (IIPP)

- Probation Department Injury Illness Prevention Program (IIPP)

Questions or concerns related to this program may be addressed by contacting the Risk Management Office at (562) 940-2670.

Adam Bettino, Chief Deputy
Administrative Services and Operational Support

2/7/23
Date

Attachment A

Los Angeles County Probation Department
Risk Management Section – Loss Control
Ergonomic Evaluation Request Form

To Be Completed By Employee			
Employee Name:	Employee ID #:	Email:	Date:
Job Title:	Employee's Phone:	Office/Location:	Division:
Bureau:	Supervisor:	*REASON FOR REQUEST Check all that apply:* ☐ New Hire ☐ Supervisor's Request ☐ Employee's Request ☐ Medical Certification ☐ Other:	
Shared Workstation: ☐ Yes ☐ No	Employee's Work Schedule: ☐ 5/40 ☐ 9/80 ☐ 4/10 ☐ 56	Regular Day Off:	

Work Activity

This questionnaire is designed to help us help you adapt/adjust your office workstation and/or equipment to help prevent common stresses and discomforts. Please indicate the average number of hours or minutes you spend ***each day*** doing the following tasks:

Computer Use:	hours	Sitting:	hours
Typing (Keyboard):	hours	Standing:	hours
Typing (10-Key):	hours	Lifting, bending, or twisting:	hours
Mouse:	hours	Field Work:	hours
Telephone Use:	hours		

If you wear prescription eyewear, please check the box to indicate which type you use at work: ☐ N/A ☐ Glasses ☐ Bifocals ☐ Trifocals ☐ Contacts

Are you currently experiencing discomfort: ☐ Yes ☐ No	Have you filed a Workers' Compensation claim due to the discomfort/pain: ☐ Yes ☐ No If Yes, Date of Injury:

Physical Discomfort & Workers' Comp. Inquiry

☐ Not experiencing discomfort	☐ Neck	☐ Head	☐ Right Shoulder	☐ Left Shoulder
☐ Has had some discomfort in the past	☐ Back	☐ Low Back	☐ Right Elbow / Forearm	☐ Left Elbow / Forearm
☐ Currently in Discomfort	☐ Legs	☐ Ankles	☐ Right Wrist / Hand / Fingers	☐ Left Wrist / Hand / Fingers
☐ Discomfort interferes with work	☐ Eyes	☐ Knees	☐ Right Thumb	☐ Left Thumb

☐ Other: _____

EMPLOYEE SIGNATURE DATE SUPERVISOR SIGNATURE DATE

Email completed form to: LossControl@probation.lacounty.gov

To Be Completed By Risk Management Staff		
☐ Priority 1 (WC Claim / Medical Certificate) ☐ Priority 2 (Employee is experiencing discomfort) ☐ Priority 3 (New Employee or New Work Station)	Date Form Received:	Date Ergonomic Completed:
	Evaluation Completed By:	Follow-up Date:

ERGO REQUEST FORM 03/31/2017 *RISK MANAGEMENT – HEALTH AND SAFETY*

Attachment B

Los Angeles County Probation Department
Risk Management Section – Loss Control
Workstation Evaluation Form

Part I: Employee Information

Date of Workstation Evaluation:		Requisition Number:	Operation's Fund Organization Number:
Employee Name:		Employee Number:	Name of Office/Facility:
Job Title:	Bureau:	Telephone number:	Office/Facility Head Name:
Hand Dominance: ☐ Right ☐ Left	Palm Size: _____ Inches	Weight range: ☐ ↓ 250 lbs. ☐ 250- 300 lbs. ☐ ↑ 300 lbs.	Employee's: Height: _____ Feet _____ Inches
Job Tasks: _____ _____			

Part II: Reason for the Evaluation- Check Those That Apply

☐	New workstation (Prior workstation evaluation done)	☐	Return to work after workers' compensation injury
☐	New job duties/ change in body mechanics (Prior workstation evaluation done)	☐	Employee initiated request only (non-Worker's Compensation or IA)
☐	Workers' Compensation doctor's request	☐	ADA Request

Part III: Vision

Employee currently: ☐ Does wear glasses ☐ Does not wear glasses for monitor viewing

Indicate type of glasses: ☐ Single lens ☐ Bifocal ☐ Progressive ☐ Trifocal ☐ Contacts

Part IV: Discomfort Assessment

☐ No reported discomfort. ☐ Discomfort associated with routine work task: ☐ Unknown Onset

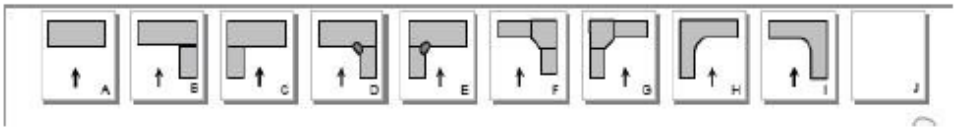
Date of onset: ____/____/____ ***History of discomfort to*** ____/____/____ ***when*** ____/____/____

Indicate Area: (Check ALL that apply)
☐ L / R / BOTH Wrist/hand ☐ L / R / BOTH Forearm ☐ L / R / BOTH Elbow ☐ L / R / BOTH Shoulder ☐ Neck ☐ L / R / CENTER Upper back ☐ L / R / CENTER Mid back ☐ L / R / CENTER Lower back ☐ L HAND / R HAND Fingers

Discomfort level: ☐ Low ☐ Moderate ☐ High ***Duration:*** ☐ Occasional ☐ Frequent ☐ Constant

Part V: Workstation Layout

Indicate the desk configuration prior to any change. *Circle configuration most similar.*



Desk Type: ☐ Free Standing ☐ Modular	Desk Height: _____ In.	Monitor height from the Workstation: _____ In.	Mouse location: ☐ Left Side ☐ Right Side

ERGO EVAL FORM 03/31/2017 RISK MANAGEMENT – LOSS CONTROL Page 1 of 2

Los Angeles County Probation Department
Risk Management Section – Loss Control
Workstation Evaluation Form

Part VI: Equipment Inventory and Recommendations

Equipment Checklist	Currently Has	Evaluation Adjustments	Recommendations (If Yes, Justification is required)
Chair adjustable features: ☐ Back rest ☐ Armrest ☐ Recline ☐ Seat tilt ☐ Seat depth ☐ Seat height	☐Yes ☐No		
Monitor Size: _____ Inches : ____ Inches	☐Yes ☐No		
Monitor Arm	☐Yes ☐No		
Monitor Risers	☐Yes ☐No		
Glare Screen	☐Yes ☐No		
Keyboard articulating Tray: Mouse platform: ☐ Yes ☐ No	☐Yes ☐No		
Keyboard Type ☐ Standard ☐ Natural ☐ Split	☐Yes ☐No		
Mouse Type:	☐Yes ☐No		
Keyboard Wrist Support	☐Yes ☐No		
Mouse Wrist Support	☐Yes ☐No		
Floor Mat	☐Yes ☐No		
Foot Rest	☐Yes ☐No		
Task Lamp	☐Yes ☐No		
Telephone Headset	☐Yes ☐No		
Electric Stapler	☐Yes ☐No		
Electric Hole Punch	☐Yes ☐No		
Document Holder	☐Yes ☐No		
Other Equipment:	☐Yes ☐No		
Other Recommendations Needed:	☐Yes ☐No	**N/A**	

I acknowledge that an ergonomic evaluation was performed, in accordance with County Policy and Title 8, California Code of Regulations, General Industry Safety Orders, Section 5110, to identify existing and/or potential ergonomic concerns. I understand that recommendations and equipment are provided for the purpose of eliminating or minimizing the risk of exposure to repetitive musculoskeletal injuries. I am fully aware that I am responsible for the equipment loaned or purchased as a result of the ergonomic evaluation. I further understand that equipment provided (loaned or purchased) is designated for usage at my workstation **ONLY** and must be kept within County premises as it is Property of the Los Angeles County Probation Department. I understand that I must notify the Loss Control Unit of newly received or lost/missing equipment at EDL-PROB Loss Control or LossControl@probation.lacounty.gov.

Employee's Name (Print)	**Employee's Signature**	**Date**
Name of Evaluator (Print)	**Evaluator's Signature**	**Date**

Part VII: Follow up

Completed by:_____
Date: _____

Adjustments: ☐ Chair ☐ Floor Mat ☐ Keyboard ☐ Keyboard Tray ☐ Monitor ☐ Foot Rest ☐ Telephone ☐ Document Holder

Comments: _____

BEFORE & AFTER PICTURES ATTACHED (Attachment A)

ERGO EVAL FORM 03/31/2017 RISK MANAGEMENT – LOSS CONTROL Page 2 of 2

Attachment C

ATTACHMENT A

REQUESTOR: COMPLETE ORDER AND ACCOUNTING INFORMATION SECTIONS EXCEPT COMMODITY CODE AND MINOR OBJECT. INCLUDE AREA CODE WHEN PROVIDING TELEPHONE NUMBERS. PLEASE REFER TO THE BACK OF THIS FORM FOR COMPLETE INSTRUCTIONS.	PROBATION DEPARTMENT SERVICE & COMMODITY REQUEST FORM	PROCUREMENT USE ONLY (PUO) PURCHASE ORDER / REQUISITION NUMBER:

ORDER INFORMATION

(1) SPECIAL INSTRUCTIONS (EMERGENCY, REQUIRED DELIVERY DATE, ETC):

(2) OPERATION'S REQUISITION NUMBER:

(3) FACILITY NAME & OPERATION'S FUND ORGANIZATION NUMBER:

(4) SHIP TO ADDRESS:

(5) NAME OF EMPLOYEE RECEIVING ORDER/SERVICE & PHONE NUMBER:

(PLEASE PRINT)

(6) REFERENCE VENDOR NAME & ADDRESS (IF KNOWN):

VENDOR CONTACT INFORMATION: NAME, PHONE NUMBER, E-MAIL (PUO)

	COMMODITY CODE (PUO)	(7) QTY	(8) U/M	UNIT PRICE (PUO)	UNIT PRICE TOTAL (PUO)	CATALOG/PART NUMBER (PUO)	(9) MANUFACTURER/ MODEL NUMBER (OPTIONAL)	(10) DESCRIPTION (BE AS DETAILED AS POSSIBLE)
1					$0.00			
2					$0.00			
3					$0.00			
4					$0.00			
5					$0.00			
6					$0.00			
7					$0.00			
8					$0.00			

(11) JUSTIFICATION:

(12) CHECK BOXES TO IDENTIFY ATTACHMENTS:

- ☐ "T" FORMAT SPECIFICATION
- ☐ SOLE SOURCE JUSTIFICATION
- ☐ EMERGENCY JUSTIFICATION
- ☐ STAFF TRAINING
- ☐ OTHER (SPECIFY):

SUBTOTAL $0.00

TAX

TOTAL $0.00

TYPE OF ASSET (PUO)

- ☐ Portable Asset
- ☐ Fixed Asset
- ☐ LAC_CAL

(13) Supervisor/Manager Receiving Asset:
(PLEASE PRINT)

(14) REQUESTOR NAME & TELEPHONE NUMBER:

(15) APPROVAL SIGNATURES & DATE (BLUE INK REQUIRED FOR BUREAU CHIEF):

1.

2.

3.

PROCUREMENT SERVICES ORDER CONFIRMATION & ASSET MANAGEMENT NOTIFICATION SECTION (PUO)

PROCUREMENT BUYER'S NAME & PHONE NUMBER:

ORDER DATE

ESTIMATED DELIVERY DATE

☐ ORDER CONFIRMATION FORWARDED TO REQUESTOR

TOTAL ORDER AMOUNT: $ $0.00

☐ COPY OF REQUEST FORM FORWARDED TO ASSET MANAGEMENT FOR BARSCAN ENTRY

PROB. 1553

Attachment D

Los Angeles County Probation Department
Office of Risk Management – Ergonomic Program
Ergonomic Product Standard Checklist

Last update: 12.02.2020

Employee Name: Employee No.:

PRODUCT	MANUFACTURER	MODEL NO.	CHECK RECOMMENDED EQUIPMENT	ISSUED INITIAL/ DATE
Petite Chair	Sitmatic	063 SN BA+1A Beta Medium High Back		
	Sitmatic	063 SN BA ES +1A Beta Medium High Back (wider seat)		
	Office Master	Paramount PT69-KR-200		
Standard Chair	Office Master	Paramount PT78-KR-200		
	Sitmatic	073 SY + 1A Super Beta		
Slim/ Tall Chair	Office Master	PT79-KR300		
	Sitmatic	381 SY XC + 1A Boss Task		
Heavy/ Wide Chair	Office Master	MXIU 84 (Petite Backrest)		
	Office Master	MXIU 88 (Standard Backrest)		
	Sitmatic	391 SY + 7K (Big Boss)		
Keyboard Tray	Workrite	179ACD-B Adjustable Corner Diagonal		
	Workrite	Pinnacle AD 22" Track Length		
	Workrite	2180S- Banana-Board Platform		
	Workrite	2181SN- Microsoft Natural Banana-Board Keyboard Tray		
Document Holder	Workrite	2560-Document Holder		
	3M	DH-630 Document Holder		
	3M	DH640- Document Holder		
	Kensington	62058 Insight Adjustable Document Holder		
Footrest	3M	FR330-Footrest		
	Sysco	Task Master Adjustable Height Footrest		
Keyboard	Kensington	Kensington 10- Key Keyboard		
	Goldtouch Goldtouch	GTS-0077 Goldtouch Ergo secure SC2.0 Black GTC-0077 - Goldtouch Numeric Pad, USB Black		
	Microsoft	Ergonomic Keyboard **CORDED** • **Replacement for 4000**		
	Microsoft	5KV-00001- Microsoft Sculpt Ergonomic Keyboard for Business		
	Logitech	K350 2.4 Ghz **Wireless** keyboard		

Los Angeles County Probation Department
Office of Risk Management – Ergonomic Program
Ergonomic Product Standard Checklist

Last update: 12.02.2020

Employee Name: **Employee No.:**

Keyboard	**Logitech**	K360 Wireless USB Desktop Keyboard		
	Logitech	MK550 Wireless Wave Keyboard and Mouse Combo - Includes Keyboard and Mouse		
	Microsoft	L3V-00003- Microsoft Sculpt Comfort Desktop USB Port Keyboard and Mouse Combo		
Mouse	**Logitech**	M500s Advanced Corded Mouse		
	Logitech	M510 Wireless Mouse		
	Logitech	Trackman Marble Trackball Mouse – **Wired USB**		
	Logitech	M570 Trackball Mouse- **Wireless**		
	Microsoft	L6V-00001-Microsoft Sculpt Ergonomic Mouse		
	Contour Design	RollerMouse RED		
	MouseTrapper	MT114 Wireless MouseTrapper Lite		
	MouseTrapper	MT106 Wireless MouseTrapper Flexible		
	Goldtouch	Semi-Vertical Mouse		
	Contour Design	UniMouse- Right Handed		
	Contour Design	UniMouse- Left Handed		
	Posturite Penguin	Penguin (Small, Medium, Large)		
	Evoluent	Evoluent Vertical Mouse- 4 Right **Wireless**		
	Evoluent	Evoluent Vertical Mouse- 4 Small **Wireless**		
Headset	**Plantronics**	CS540/HL10 (with lifter) Item#: 84691-11		
Monitor Arms	**Workrite**	Conform Articulating Arm		
	Workrite	Conform Dual, Articulating Arm		
Monitor Riser	**3M**	MS 80B- Adjustable Monitor Stand		
Mouse Wrist Rest	**Kensington**	Wrist Pillow® Mouse Wrist Rest – Black 73535578226		
	Kensington	ErgoSoft Wrist Rest		
	Belkin	WaveRest- Gel Mouse Pad		
Keyboard Wrist Rest	**Kensington**	Wrist Pillow® Keyboard Wrist Rest – Black 735353228015		

Los Angeles County Probation Department
Office of Risk Management – Ergonomic Program
Ergonomic Product Standard Checklist

Last update: 12.02.2020

Employee Name: **Employee No.:**

OTHER RECOMMENDED EQUIPMENT			
Product	**Manufacturer**	**Model No.**	**Justification**

Comments:

Changes:

Before signing this document, verify that the content you are signing is CORRECT.

X _____ _____

Safety Assistant/ Safety Inspector- PROBATION **Date**