



Cover Letter and Body Map Survey

Employee Survey

Hello everyone,

Recently members of **[Insert Company Name]** management and your employee union have joined together to form an Ergonomics Team (Ergo-Team). The Ergo-Team will work with you to identify areas of the plant that could benefit from some changes. Their goal is to improve the comfort and ease of your work, and potentially reduce the risk of injury and accidents.

The Ergo-Team members are:

[List of names here]

[List of names here]

[List of names here]

To help us select some areas of the plant that might require investigation by the Ergo-Team, we would like to ask you to fill out the attached survey. This survey is meant to be anonymous, so please do not put your name or other personal information on it. However, we would like to know in which department you work and your job classification/title.

This survey contains two body map diagrams. On the first diagram please indicate with an “X” where you experience *fatigue* during or after your work day. On the second diagram, please indicate with an “X” the area of your body where you experience discomfort during or after your workday. These diagrams show the body as seen from *behind* ONLY, but you can also mark the corresponding areas of the front of the body where you experience pain and fatigue as well. For example: Whether the pain is in the front or back of the right knee, you would place an X on the knee area. There are also some questions about your work tasks and the movements you think cause you fatigue/discomfort.

This survey is voluntary and you are not obligated to take part. However, we would appreciate your input. If you choose to complete the survey please place it in a sealed envelope and return it to **[enter contact]** and place it inside the sealed collection box marked *Ergo-Team*.

If you have any questions or comments, please feel free to contact any of the members of the Ergo-Team.

Thank you for your time.

EMPLOYEE BODY MAP SURVEY

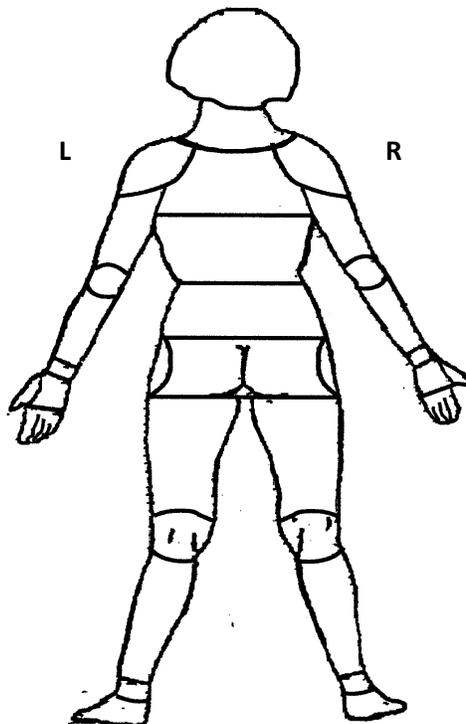
PLEASE DO NOT PUT YOUR NAME ANYWHERE ON THESE SHEETS

What department do you work in? _____

What is your job title or classification? _____

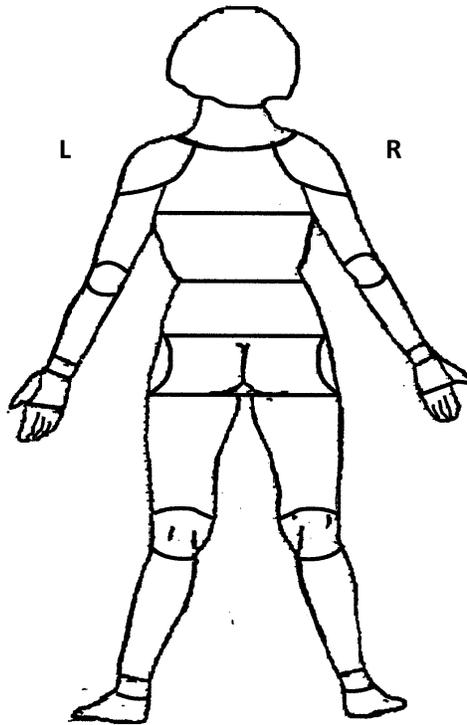
FATIGUE

Please indicate with an **X** all relevant locations on your body where you experience **FATIGUE** *during or at the end of a day's work*, on this chart.



DISCOMFORT

Please indicate with an **X** all relevant locations on your body where you experience **DISCOMFORT** *during your performance of work* or after, on this chart.



WORK TASKS

Is the onset of this discomfort / fatigue caused by certain movements and / or tasks you perform at work? Yes or No?

Which movements and/ or tasks, at work, cause you fatigue/discomfort?

Do you have any suggestions for ways to reduce this fatigue/discomfort?

Has anything been done to reduce this fatigue/discomfort (by you or by others)?
(Example: has the workstation been altered, has job rotation been implemented, have you personally made some changes to your workstation or changed the way you work, etc.)
