

## DRIVING CHECKLIST - ERGONOMICS

### WHEN TO COMPLETE

Employees should complete this checklist whenever they begin driving a vehicle that is new to them.

Copy distribution:

Manager/Supervisor

JOSH Committee

### EMPLOYEE INFORMATION

Employee Name		Date
Job Title		Employee Number
Region/Branch	Location	Telephone
Length of time spent in vehicle (daily):		

### CHECKLIST

		Acknowledged	Completed	Not possible
1.	Adjust the headrest so that top third of headrest is at eye level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Change positions or take breaks to stretch and stand at least every hour to get blood circulation flowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Position lumbar support (if available and adjustable on seat) in small of lower back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	(a) Adjust seat back to angle between 90 to 120 degrees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) If seat back is not adjustable, then insert a cushion (e.g. ObusForme) to make your sitting angle more upright	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	If vehicle has a bench seat:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(a) Keep seat in optimal position at all times – do not adjust for any passengers – you should always be in the best driving position and have passengers adapt to your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) If you must adjust for passengers, then take more frequent breaks so you and your passengers can do stretching exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	(a) Ensure you are seated on the seat evenly (so that your legs are even and your body is not tilted to one side or the other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Remove large wallets, keys, etc. from back pockets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) If condition of seat is poor, or padding is unevenly distributed on either side, report to Vehicle Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHECKLIST		Acknowledged	Completed	Not possible
7.	Ensure there is a 3-finger width (2-3") between your seat and back of knees, if necessary using a back support (e.g. ObusForme or rolled towel) to move yourself further forward in seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	(a) Adjust steering column and/or move the seat to achieve a position that allows you to drive with both hands on the steering wheel in the 10 and 2 o'clock position, keeping elbows close to the body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) If steering column is not adjustable, change arm position frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	(a) If you work during evening hours and/or spend a majority of the shift reading documents inside vehicle, ensure lighting is available directly in front of and above you to provide sufficient light and eliminate shadows (dome lighting in center and behind you produces shadows and is usually Insufficient)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Try a portable clip-on light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	(a) Do not reach to open passenger window or door repetitively for more than half the shift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Use a reaching instrument to unlock door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Get out of vehicle if possible to speak with person, or ask person to come to your side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Keep right heel on the floor while using the gas pedal – adjust the seat if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE	
Employee Signature _____	Date _____