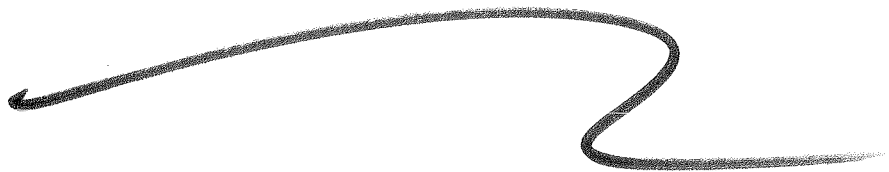


APPENDIX A

THE NEW ERGONOMICS REGULATION

California



TITLE 8
GENERAL INDUSTRY SAFETY ORDERS
SECTION 5110
ERGONOMICS

(Approved by OAL on June 3, 1997. Scheduled
Effective Date: July 3, 1997)

Group 15. Occupational Noise and Ergonomics.

* * *

Article 106. Ergonomics.

Section 5110. Repetitive Motion Injuries.

(a) This section shall apply to a job, process, or operation where a repetitive motion injury (RMI) has occurred to more than one employee under the following conditions:

- (1) The repetitive motion injuries (RMIs) were predominantly caused (i.e. 50% or more) by a repetitive job, process, or operation;
- (2) The employees incurring the RMIs were performing a job process, or operation of identical work activity. Identical work activity means that the employees were performing the same repetitive motion task, such as but not limited to word processing, assembly, or loading;
- (3) The RMIs were musculoskeletal injuries that a licensed physician objectively identified and diagnosed; and
- (4) The RMIs were reported by the employees to the employer in the last 12 months but not before (the effective date).

Exemption: Employers with 9 or fewer employees.

(b) Every employer subject to this section shall establish and implement a program designed to minimize RMIs. The program shall include a worksite evaluation, control of exposures which have caused RMIs and training of employees.

(1) Worksite evaluation. Each job, process, or operation of identical work activity covered by this section or a representative number of such jobs, processes, or operations of identical work activities shall be evaluated for exposures which have caused RMIs.

(2) Control of exposures which have caused RMIs. Any exposures that caused RMIs shall, in a timely manner, be corrected or if not capable of being corrected have the exposures minimized to the extent feasible. The employer shall consider engineering controls, such as work station redesign, adjustable fixtures or tool redesign, and administrative controls, such as job rotation, work pacing or work breaks.

(3) Training. Employees shall be provided training that includes an explanation of:

(A) The employer's program;

(B) The exposures which have been associated with RMIs;

(C) The symptoms and consequences of injuries caused by repetitive motion;

(D) The importance of reporting symptoms and injuries to the employer; and

(E) Methods used by the employer to minimize RMIs.

(c) Measures implemented by an employer under subsection (b)(1), (b)(2), or (b)(3) shall satisfy the employer's obligations under that respective subsection, unless it is shown that a measure known to but not taken by the employer is substantially certain to cause a greater reduction in such injuries and that this alternative measure would not impose additional unreasonable costs.

Note: Authority cited: Sections 142.3 and 6357, Labor Code. Reference: Sections 142.3 and 6357, Labor Code.

APPENDIX B

SAMPLE ERGONOMICS PROGRAM

[NAME OF COMPANY]
ERGONOMICS PROGRAM

[Name of Company] has adopted this ergonomics program to minimize repetitive motion injuries (RMIs) through (a) worksite evaluations, (b) adoption of control measures and (c) training of employees.

For purposes of this ergonomics program the following definitions apply:

1. “RMIs” are musculoskeletal injuries resulting from a job, process, or operation of identical work activity which have been the predominant cause of objectively identified and diagnosed musculoskeletal RMIs to more than one employee reported within a twelve-month period. The identification and diagnosis of a RMI must be performed by a licensed physician.

2. “Identical Work Activity” means the employees were performing the same repetitive motion tasks, such as, but not limited to, word processing, assembly, or loading.

3. “Licensed Physician” is a person with an M.D. or D.O. degree licensed and diagnosing within the scope of his or her practice.

4. “Potentially Exposed Employee” is an employee working a job, process, or operation of identical work activities in which more than one RMI has been reported within a twelve-month period.

5. “Predominant cause” means that 50% or more of the injury was caused by a repetitive job, process or operation of identical work activity.

A. Worksite Evaluations.

1. Where more than one RMI is reported as described above, a representative number of the applicable job, process, or operation of identical work activity will be evaluated.
2. The Company maintains a list of all jobs, processes and operations which have been evaluated.
3. The evaluation records can be reviewed at _____.
4. The evaluation identifies potential exposures and determines the methods the Company will use to control or minimize these exposures.
5. Potentially exposed employees will be informed of the potential exposures and trained in the Company’s control measures.

B. Control of Exposures Which Have Caused RMIs.

1. It is the Company’s policy to timely correct exposures that have caused RMIs or if the exposure is not capable of being corrected, it is the Company’s policy to minimize the exposure to the extent feasible.

2. It is the Company's policy to consider the following engineering and administrative controls in determining how to correct or minimize exposures:

Engineering Controls

- workstation redesign
- adjustable fixtures
- tool redesign

Administrative Controls

- job rotation
- work pacing
- alternative work breaks

The Company may also consider other reasonable, cost effective engineering or administrative controls.

3. If engineering and administrative controls cannot reasonably correct or minimize exposures to the extent feasible, the Company will consider minimizing exposure through the use of personal protective equipment.

C. Training.

1. Scope of Training.

Employees (including managers and supervisors) are provided with training that includes an explanation of:

- a. The ergonomics program.
- b. Exposures which have been associated with RMIs.
- c. The symptoms and consequences of injuries caused by repetitive motion.
- d. The importance of reporting symptoms and injuries to the employer.

e. The methods used by the employer to minimize RMIs.

2. **Timing of Frequency of Training.**

Training is provided to potentially effected employees as follows:

- a. Initial training is provided as part of the establishment of the ergonomics program;
- b. Upon completion of a worksite evaluation (pursuant to Section A of this Program) which identifies exposures which may have caused RMIs;
- c. To all new potentially exposed employees;
- d. To all potentially exposed employees given new job assignments for which training has not previously been received;
- e. Every ___ months for potentially exposed employees.

In addition, general ergonomics awareness training is provided to all employees as follows:

- a. Upon hire;
- b. Once a year.

D. **Employee Reporting Obligations.**

All employees are required to report to [*name of company*] all RMIs which have been objectively identified and diagnosed by a licensed physician which are

suspected of being 50% or more caused by a job, process or operation at [*name of company*].

All employees are encouraged to report all suspected RMIs or RMI symptoms or ergonomic concerns.

RMI Worksite Evaluation Form

1. Job, process or operation evaluated: _____
2. Potential exposures to RMIs:
 - a) _____
 - b) _____
 - c) _____
 - d) _____
 - e) _____

3. All potential exposures listed above will be corrected in a timely manner or if the potential exposure is not capable of being corrected, it will be minimized to the extent feasible. In determining how to control potential exposures, it is Company policy to consider at least the following list of engineering and administrative controls. *Please circle each listed control measure after is it considered.*

Potential Engineering Controls

Potential Administrative Controls

- | | |
|---|--|
| <ul style="list-style-type: none">• work station redesign• adjustable fixtures• tool redesign | <ul style="list-style-type: none">• job rotation• work pacing• alternative work breaks |
|---|--|

Please describe below whether each of the potential exposures listed in Section 2, above, have been corrected. If so, please describe the following:

- a) How was the exposure corrected?
- b) When was the exposure corrected?

If the potential exposure is not capable of being corrected, please describe the following:

- a) Why is the exposure not capable of being corrected?
- b) How can the exposure be minimized to the extent feasible?

Name of person completing review

Signature of person completing review

Date completed

Name of person approving review

Signature of person approving review

Date approved

[NAME OF COMPANY]

RMI Report Form

(To be completed by Licensed Physician)

Note to Physician:

8 CCR § 5110 requires employers with 10 or more employees in California to establish and implement an ergonomic program if two or more employees report “objectively identified and diagnosed” repetitive motion injuries (RMIs) which are “predominantly caused” (50% or more) by a repetitive “job, process, or operation of identical work activity.” The identification and diagnosis must be made by a licensed physician. 8 CCR § 5110(a)(3).

Thank you for completing this form.

I have examined _____ [name of employee/patient] _____ and I have objectively identified and diagnosed the following RMI:¹

It is my belief that this RMI is 50% or more caused by the following repetitive job, process or operation (please be specific):

¹ The California Division of Occupational Safety & Health notes that information customarily relied upon to diagnose RMIs includes physical exams and tests such as electromyography, x-rays, computerized tomographs and MRIs.

I base this belief on the following:

My suggestion(s) for control of the exposure from the above described job, process, or operation is as follows (if you have no suggestion, please so state):

I hold an M.D. or D.O. degree (please circle which one) and I am licensed to practice in the State of California and I have made the diagnosis contained herein within the scope of my practice.

Date: _____

Print Name

Signature

RMI Training Log

Training was provided in the following (check all that are appropriate):

- _____ The [name of company] Ergonomics Program.
- _____ The exposures which have been associated with RMIs.
- _____ The symptoms and consequences of injuries caused by repetitive motion.
- _____ The importance of reporting symptoms and injuries to [name of company].
- _____ The methods used by [name of company] to minimize RMIs.
- _____ Other [please describe]:

Describe the training session (include descriptions of materials used, handouts, videos used, etc.) (attach a copy of all written materials used).

Date of Training Session:

Print Name of Trainer

Signature of Trainer

I attended and understood the training session described above.

Print Name

Signature

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____

JMT/lch