

Appendix A – Ergonomic Office Assessments

University of Saskatchewan

The University of Saskatchewan is looking to engage with an Occupational Therapist(s) to provide ergonomic assessment services to office workers at multiple locations.

The Occupational Therapist shall provide individual and / or group ergonomic assessments for employees, with or without a medical indication, typically in an office environment. The assessment must be provided at the employee's work area (Saskatoon Campus and off-campus locations). If required, follow-up appointments must be provided to assess the changes that have been made with the recommended equipment, or to respond to any further concerns and provide additional education

The Occupational Therapist would be responsible for outlining pricing of their services, attending the scheduled appointments, fulfilling the deliverables in a timely manner and follow-up appropriately.

The Occupational Therapist would agree to make first contact with department to schedule an appointment within five (5) business days and upon completion of assessment, agrees to provide report within ten (10) business days from assessment date.

Below are requirements of what the assessment should include:

Assessment:

On an "as needed basis", the Occupational Therapist will conduct office ergonomic assessments and complete a comprehensive report detailing the modifications carried out during the assessment and when required provide recommendations on equipment and tools required for employees to conduct their duties safely.

The Occupational Therapist must perform ergonomic assessments which include, but are not limited to:

- a) Communicate directly with the identified individual to schedule and confirm all of the details of the appointment;
- b) Assess the employee's ergonomic personal needs, including, but not limited to symptoms, functional limitations/restrictions, complaints;
- c) Identify and assess ergonomic hazards, tasks or risk factors that may impact the employee's workstation ergonomics. Ergonomic hazards are workplace conditions that pose the risk of chronic injury to an employee. They include repetitive and forceful movements, vibration, temperature extremes, static and awkward postures, etc;
- d) Make any necessary immediate adjustments and modifications to the employee's existing furniture and equipment, office accessories/office environment;
- e) Provide education/recommendations regarding workstation adjustments, posture, exercises and other useful tools to prevent/eliminate/reduce the risk of injury. Education/recommendations must be provided verbally with written supporting documentation;
- f) Prepare a comprehensive report that details all modifications completed during the assessment and when required, recommendations on new office equipment or tools required for employees to conduct their duties safely (NOTE: furniture must be approved for use on campus (through Facilities)). The report is to NOT include any medical information and/or diagnosis.

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- g) Upon review of the written report and/or once the recommended changes have been implemented, the *U of S* representative or employee may require a follow-up call with the contractor to discuss any recommendations or issues that may arise.

Follow-up Assessment

If required, the *Service Provider* must conduct follow-up ergonomic assessments which include, but are not limited to:

- a) Communicate directly with the identified individual to schedule and confirm all of the details of the appointment;
- b) Provide additional education to the employee on the use of recommended products, if required;
- c) Make written recommendations following the assessment follow-up appointment, if required; and
- d) The *U of S* representative, or employee may require a follow-up call with the *Service Provider* to discuss any recommendations or issues that may arise.

Assessment Report

The following are the minimum elements to be included in the assessment report:

- a) The name, location (building and room number) and contact information of the employee and supervisor (names, phone numbers, email addresses); the date of the assessment; the name and contact information of the assessor.
- b) The office ergonomics related need(s) or hazard(s);
- c) The requirements of the job/work activities/organization of the work and the method in which the work activities are performed;
- d) A description of the workstation associated with the employee's work
- e) Identification of the employee's exposure(s) to the hazard(s), based on duration and frequency;
- f) Purchasing recommendations. These must not require or refer to a particular trademark or name, patent, design or type, specific origin or producer or supplier unless there is no sufficiently precise or intelligible way of otherwise describing the procurement requirement. When this is not possible the phrase "or equivalent" must be added to the statement (NOTE: furniture must be approved for use on campus (through Facilities)).
- g) A summary of education/recommendations provided to the employee;
- h) Any additional one-on-one training or education required that was not provided during the assessment and if not, why;
- i) Photos of the workstation layout, pre and post adjustments as applicable; and
- j) Any other information or recommendations deemed necessary.

Please see *Appendix 1: Ergonomic Assessment Report* for a proposed template when submitting the reports. Additional elements may be included but the University of Saskatchewan asks for these basic elements, as the institution requires consistent reporting from external service providers.

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Pricing Table

	Initial Ergonomic Assessment	Follow-up Assessment	Fixed Hourly Rate for out-of-scope services	Group Session Assessments 2-5 Individuals	Group Session Assessments 6-10 Individuals
Year 1	\$	\$	\$	\$	\$
Year 2	\$	\$	\$	\$	\$
Year 3	\$	\$	\$	\$	\$

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Appendix 1: Ergonomic Assessment Report

Please include the following:

Client Name			
Phone Number		Email	
Client's Supervisor Name			
Phone Number		Email	
Service Provider Name			
Phone Number		Email	

Date of assessment	
Assessment Location (Building and Room Number)	

Reason for visit (office ergonomics related needs):

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Description of client's work activities:

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Description of the workstation:

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Identification of the employee's exposure(s) to the hazard(s), based on duration and frequency:

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The adjustments made during the assessment and education provided (specific measurements):

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Purchasing recommendations:

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A summary of education/recommendations provided to the employee:

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Please attach any photos or include any other information pertinent to the assessment and the resulting recommendations.

PRICING REQUEST

THIS IS NOT AN ORDER

Request for Pricing		
ISSUING DEPARTMENT INFORMATION	INSTRUCTIONS AND CONDITIONS	SERVICE PROVIDER INFORMATION
Department: <u>Safety Resources</u> <u>C/O ConnectionPoint</u> Contact Name: <u>Kyle Jurgens</u> Phone #: <u>306-966-2976</u> Email: kyle.jurgens@usask.ca Closing Date: <u>May 31th, 2019</u> Time: <u>2:00 PM, (SK local time)</u>	<ol style="list-style-type: none"> 1. Quotation are to be submitted to the issuing department on this form unless otherwise indicated. 2. The pricing table located in Appendix 1 must be completed in order for the bid to be considered. 3. All other charges including packing, handling, or documentation will not be paid unless specified hereon. 4. Any and all responses may be accepted or rejected in whole or in part, at the discretion of the U of S. 5. If prices are not stated in Canadian funds, please specify the currency on this quotation. 6. The following conditions will substantially form any contract that shall result from this request: http://www.usask.ca/fsd/suppliers/purchase_orders/purchase_order_conditions.php (purchase order general conditions and supplementary purchase order conditions B) 	Service Provider: _____ Address: _____ _____ Contact Name: _____ Phone #: _____ Fax #: _____ Email: _____ _____
Scope of Work		Instructions
<p>Ergonomic Office Assessments</p> <p>Requirement(s):</p> <p>Refer to the attached "Appendix A" document. In your response, please outline how you would undertake and review the processes as delineated in "Appendix A". Please outline your estimated level of effort, your price, timelines, and deliverables in any submission to the U of S.</p>		<ol style="list-style-type: none"> 1. Submissions must be sent by email to Kyle Jurgens at kyle.jurgens@usask.ca no later than May 31th, 2019 at 2:00 PM local Saskatchewan time. 2. All questions must be submitted by May 20th 2:00 PM local Saskatchewan time by email. Answers will be provided by May 24th 4:00 PM local Saskatchewan time. 3. Submissions will address the Requirement as set out in in the Pricing Request and Appendix A 4. It is the intent of the U of S to select the most effective submission(s) that meets the requirements and provides the best overall value to the U of S. The lowest price will not necessarily be accepted. 5. A completed pricing request sheet to be returned with the submission. Pricing Table, Service Provider Information, and Authorized Representative fields should be completed.
I/We hereby offer to provide the above services to the University of Saskatchewan upon the terms and conditions set out and/or referred to herein. Authorized Representative: _____ (Please Print) Signature: _____ Date: _____	Service Provider Comments:	Total Price: Complete Appendix A; Pricing Table
The University of Saskatchewan thanks all participants in this Pricing Request.		