# Ergonomic Evaluation Request

**Evaluation Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>Employee Name:</td>
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<tr>
<td>Office Location:</td>
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<tr>
<td>Job Title:</td>
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<tr>
<td>Department:</td>
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<tr>
<td>Date of Hire:</td>
<td></td>
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<tr>
<td>Supervisor:</td>
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</tbody>
</table>

**Type of evaluation requested:**

- [ ] Preventative (no discomfort)
- [ ] Discomfort
- [ ] Re-Evaluation

If experiencing discomfort or have an injury, please select affected body parts:

- [ ] Back
- [ ] Hands/Fingers
- [ ] Elbows
- [ ] Shoulders
- [ ] Neck
- [ ] Wrists
- [ ] Legs
- [ ] Other _______________________

Date discomfort began, if applicable: _______________________

Please provide a brief description of your reason for requesting an ergonomic evaluation:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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**EHS Use Only**

- [ ] Evaluation Scheduled
- [ ] Evaluation Completed on _____/_____/_____
- [ ] Report Completed and Sent to Worker & Supervisor
- [ ] Follow Up Completed
- [ ] Request Closed

_EHS Assessor_ ____________________  _Date_ ____________________