



**Ergonomic Evaluation Request**

**Evaluation Information**

Employee Name: \_\_\_\_\_

Office Location: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EHS Use Only**

- Evaluation Scheduled
- Follow Up Completed
- Evaluation Completed on \_\_\_\_/\_\_\_\_/\_\_\_\_
- Request Closed
- Report Completed and Sent to Worker & Supervisor