

Date Scheduled:

Ergonomic Evaluation Request Form



Employee information

Employee Name:

Employee Phone:

Department:

Supervisor:

Room/Office:

Supervisor Signature:

Work Schedule:

Date:

I have already taken the Ergonomics Training on Keenan SafeColleges: ☐ Yes ☐ No

Reason for requesting an ergonomic evaluation (check all that apply):

Concern regarding workstation arrangement:

☐

Concern with physical discomfort:

☐

Recently received a new workstation/Reconfigured workstation:

☐

Recommendation from physician:

☐

(Please submit related documentation with this form)

Other (Please describe):

☐

Forward the completed form to Risk Management electronically or hard copy.

Electronic submission to: *Samantha Maddox* samantha.maddox@napavalley.edu

Hard Copy to: *Department of Facilities Services & Risk Management* (Building 4100) (707) 256-7584

For Office Use Only:

Recommended Equipment/Status/Notes: