

Request for On-site Office Ergonomic Evaluation

The following conditions must be met prior to submitting this form to DPH-OSH to request an evaluation.

1. The employee must not have an open Worker's Compensation (WC) claim for an office ergonomic issue. Contact the claims' examiner for information about ergonomic services for WC claims.
2. The employee has attended an *Office Ergonomics Awareness Training* class
3. The employee has conducted a self-evaluation of their workstation.
4. The requesting Department has determined that a budget is available to purchase equipment that may be recommended as a result of the evaluation.
5. This Request Form is signed by the employee's supervisor.

Employee Information

Employee Name:		Today's Date:	
Job Classification/Title:		Employee Telephone:	Email:
Department:		Work Location:	
Supervisor Name:		Supervisor Telephone:	
Reason for Evaluation:	New Employee	New Workstation/Location	General Evaluation
Discomfort Reported			
Date employee attended Office Ergonomics Awareness Training class:			

Supervisor's Signature

Please send this form by interoffice mail or by fax to:

DPH-OSH Section Ergonomic Services
101 Grove Street, Room 217

Fax: (415) 554-2570