

**Resource 9: Ergonomic Consultation Request Form**

This form is to be filled out by the worker and supervisor to request an ergonomic consultation to address a worker's ergonomic problem in the workplace. It is to be used when initial steps to address the ergonomic problem has been inadequate. Once the supervisor has completed and signed Section 2, send the request form to the Safety and Health Unit at 500-326 Broadway and they will arrange for an ergonomic assessment for the worker. This form is confidential when filled out.

**Section 1: Worker - please complete. Your supervisor will complete Section 2.**

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

Date: \_\_\_\_\_

Employee #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Unit: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_

Other #: \_\_\_\_\_

Please describe the problem:

Do you have any suggestions of how this problem may be solved?

Are you experiencing pain or other symptoms because of this problem? Yes  No

Please describe:

Have you been treated for this problem? Yes  No

Describe:

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Worker Signature

(see over for Section 2)

**Section 2: Immediate Supervisor – Please Complete**

Please describe the problem and possible actions that may relieve the problem:

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Immediate Supervisor (please print)

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Immediate Supervisor Signature

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\_\_\_\_\_

Date

**Follow Up by Supervisor**

Action Taken:

Cost:

Submit completed form to: Safety and Health Unit, 500-326 Broadway

**Please ✓ off the check boxes as tasks completed:**

- Copy of request form sent to Safety and Health Unit      Date: \_\_\_\_\_
- Ergonomic assessment completed      Date: \_\_\_\_\_
- Corrective action taken by employer      Date: \_\_\_\_\_
- Copy of completed form sent to Safety and Health Unit      Date: \_\_\_\_\_

Confidential when filled out.