

Appendix I-C-12

Request for Funding Assistance

Community Name: _____

Date: _____

If the assessment identifies control measures requiring funding (i.e. new chair, keyboard tray, foot rest, etc.) complete this Appendix. The request must be forwarded to the regional office annually.

Employee Name: _____

What is required?

What is the hazard?

Which control measure are you addressing?

How will this reduce or eliminate the risk?
