

Appendix B

Ergonomic Evaluation Request

Please fill out form and submit to:

Risk Management via email to: Monica.esqueda@rccd.edu

Date: _____

Employee Name: _____

Department: _____

Work Station Location: _____

Campus: _____

Phone: _____ Email: _____

Supervisor Name: _____

Reason for Request: _____

As the supervisor for the employee named above, I acknowledge that I have been informed of this ergonomic evaluation request. By signing this request, I acknowledge that specific ergonomic equipment required may have to be purchased by my department and not Risk Management Services.

Supervisor Name: _____

For RMSP Staff Use Only:

Evaluation Authorized by: _____ Date: _____

Assigned to: _____ Date: _____

Date Evaluation Completed: _____