



UNIVERSITY OF WYOMING

ERGONOMIC EVALUATION REQUEST FORM

Employee's Name:	Employee's Phone:
Job Title:	Date:
Supervisor's Name:	Supervisor's Phone:
Department:	

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

Concern regarding workstation arrangement:	<input type="checkbox"/>
Concern with physical discomfort:	<input type="checkbox"/>
New/revised process, procedure, or task:	<input type="checkbox"/>
New employee or new workstation:	<input type="checkbox"/>
Recommendation from physician:	<input type="checkbox"/>
Other (please describe):	<input type="checkbox"/>

Forward this completed form to the UW Safety Office either electronically or hard copy. Electronic submission to: ccannell@uwyo.edu or uwehs@uwyo.edu. Hard copy submission to: UW Safety Office, 262 Wyoming Hall, ATTN: Curtis Cannell