



# UNIVERSITY OF WYOMING

## ERGONOMIC EVALUATION REQUEST FORM

<b>Employee's Name:</b>	<b>Employee's Phone:</b>
<b>Job Title:</b>	<b>Date:</b>
<b>Supervisor's Name:</b>	<b>Supervisor's Phone:</b>
<b>Department:</b>	

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: [bwallac9@uwyo.edu](mailto:bwallac9@uwyo.edu) or [uwehs@uwyo.edu](mailto:uwehs@uwyo.edu). Hard copy submission to: UW Safety Office, Hill Hall 650, ATTN: Bailey Wallace