

Minnesota State University, Mankato Ergonomics Chair Request Form

The goal of this program is to ensure all faculty and staff have a chair that meets their needs and prevents ergonomic injuries in the workplace.

Name: _____ Phone number: _____

Work location: _____ Email: _____

Department: _____ College: _____

Supervisor: _____ Phone: _____

1. Do you have a request from a medical doctor? _____
2. Do you have an ergonomic evaluation showing a need for a new chair? _____
3. Do you currently have an ergonomic chair? Yes _____ No _____

If yes, how old is your current chair? _____ What concerns do you have with your current chair? _____

1. What percentage of your workday do you spend sitting? _____ 0-25% _____ 25-50%
_____ Over 50%
2. How would you describe the amount of time you spend keystroking/mousing? _____ Low
_____ Medium _____ High

Note: Funds are limited, so the following criteria will be followed:

1. Medical doctor request for a chair;
2. Ergonomic evaluation determined need for an ergonomic chair;
3. Currently does not have an ergonomic chair;
4. Currently has an ergonomic chair, but does not meet needs of employee.

Requestor's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Submit original to Environmental Health Services at WC 111