

## Minnesota State University, Mankato Request for Ergonomic Evaluation

The goal of the ergonomic evaluations is to identify and correct ergonomic hazards in the work place. These hazards can be caused by work tasks, employees work stations or a combination of both. Recommendations could be as simple as raising a desk to redesigning a work station.

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Work Location: \_\_\_\_\_ email: \_\_\_\_\_

Department: \_\_\_\_\_ College: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Brief description of reason for request: \_\_\_\_\_

---

---

1. How long have you been at this job?

- Less than 6 months
- 6-12 months
- 1-3 years
- 3-5 years
- More than 5 years

2. Are you receiving medical treatment for your discomfort? \_\_\_\_\_

3. What part of your job do you think contributes to your discomfort? \_\_\_\_\_

---

4. Do you have any recommendations that might correct the problem? \_\_\_\_\_

---

5. Recommendation for corrective actions from the EHS Department: \_\_\_\_\_

---

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

1. Employees that have a diagnosed work related ergonomic injury from medical doctor.
2. Employees that have reported work related symptoms to Human Resources.
3. Employees that have concerns about their work station but do not currently have symptoms related to ergonomics.

Dean of College or non-academic department head: \_\_\_\_\_

Dean of College or non-academic department head recommendation: \_\_\_\_\_