

Ingham County Workstation Ergonomic Review Request Form

Please complete this form if you'd like to request an ergonomic evaluation of your workstation.

Employee: _____ Date: _____

Employee #: _____ Phone #: _____

Job Title: _____ Department: _____

Supervisor: _____

Have you previously had an ergonomic assessment? Yes No

Reason for request (you may select more than one option):

- I experience discomfort associated with my workstation.
- I have a new workstation or I am new to the job.
- I want to ensure my workstation is set up ergonomically correct.
- Other: _____

Please identify your primary work tasks (you may select more than one option):

- | | | | |
|--|------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Computer Use | Difficulty Performing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Deskwork/Paperwork/Filing | Difficulty Performing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Phone Calls | Difficulty Performing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Other: _____ | Difficulty Performing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Additional Comments: _____

Signature: _____ Date: _____

Please return this completed form to Steph Banthem, Benefits/Leave Analyst in Human Resources (HSB), via email to sbanthem@ingham.org or fax to 517-887-4396. Once your form is received, you will be contacted to schedule an evaluation.