



RISK MANAGEMENT

Employee Workstation Evaluation Request

Name: _____ Request Date: _____

Department: _____

Supervisor: _____

Please describe your concern (s): _____

When did you first notice it? _____

What percent of your day is spent at the keyboard? _____

How long have you worked at your present workstation? _____

Describe what steps, if any, have been taken to improve your situation:

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

For Safety /Risk Management Use Only

Medical Note Received:

Referred to Risk Management on: _____

Recommended Interventions: _____

Date Trained: _____

Signature: _____ Date: _____