

UNIVERSITY OF MINNESOTA DULUTH

REQUEST FOR AN ERGONOMIC ASSESSMENT FORM

Date of Request _____

Employee's Name, Location, Phone Number

Supervisor's Name, Location, Phone Number

Description of Request:

This Area For UMD Environmental Health and Safety Office Use Only

Date Received _____

Evaluator's Name _____

Date and Type of Assessment

Date Findings Report sent _____

Follow-up Dates _____