

## Ergonomic Evaluation Request Form

To request an ergonomic evaluation of your workstation please e-mail/send this form to DFG's Health & Safety Officer or designated ergonomic representative\* with the following information:

Full Name:

Work Location:

Phone/Email:

Reason for Evaluation:

Best time of day to contact you:

Supervisor's name:

Supervisor's signature:

\*A full list of DFG ergonomic representatives is located in Appendix A.

**If you have a doctor's note, please attach a copy to this request form.**