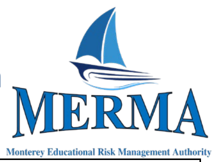
Loss Control Services Request: Preventative Workstation Evaluation



Date:			
To: Maria C. Hernandez Lorenzana Title: Loss Control Manager	Email: mlorenzana@merma.org	Phone: (831) 296-9196	
From:	**Title:**	**District:**	**Phone:**

Note: New hire ergonomic evaluations take approximately 30 minutes. Symptomatic Evaluations take 45 to 60 minutes. Schedule will be sent to District site contact listed in section 1(4)(a)(b) below, to set day and time for the ergo evaluation.

SECTION 1: District/Agency HR Representative or designee (complete items 1 to 5)	
1.	**Employee Information:**
a.	**Name:** **Email:** **Phone:**
b.	**Job Title:** **Current Job Hire Date:** **District Hire Date:**
c.	**Physical Work Address:** **Suite/Room No.:** **City:**
d.	Hours Worked: Per day: Per week: More than one location? ☐ Yes ☐ No
e.	Prior Ergonomic Evaluation? ☐ Yes ☐ No If yes, when? Ergonomist:
f.	**Supervisor Name:** **Email:** **Phone:**
2.	**Reason for Ergonomic Evaluation Request:**
a.	New hire ☐ New workstation ☐ Experiencing minor discomfort: ☐ Yes ☐ No If yes, describe discomfort:
b.	Post Injury ☐ Yes ☐ No If post injury, has Intercare been notified? ☐ Yes ☐ No Claim #:
3.	**Description of current workstation.**
a	Select the type of desk that best describes your workstation. A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ Include a description of all features associated with workstation (i.e. stationary or sit-stand):
4.	**District site contact authorized to schedule the date and time of the evaluation.**
a.	Name: Title:
b.	Email: Phone:
5.	**Person authorized by the agency to receive the completed report** *(Note: The Ergonomic Evaluation will be sent to person authorized only. Person authorized will disseminate report within their agency.)*
a.	Name: Title:
b.	Email: Phone:

SECTION 2: This section reserved for Loss Control Manager - Follow-up and Disposition
Schedule Evaluation: Time: : AM PM Date: / / 20__
Notes:
Date report completed:
Sent to:

Revise by Maria C. Hernandez Lorenzana 1/9/2024