

Golden State Risk Management Authority Ergonomic Evaluation Request Form

To request an ergonomic evaluation please complete the form below and return it to GSRMA via Fax at

(530) 934-8133, or via email at lossprevention@gsrma.org.

**TO BE COMPLETED BY EMPLOYEE:**

|  |  |
| --- | --- |
| Date of Request: | Agency Name: |
| Employee’s Name: | Title: |
| Work Address: |
| Telephone: | Email: |
| Employee Signature: |
| Reason for ergonomic evaluation request: |

**TO BE COMPLETED BY SUPERVISOR:**

|  |  |
| --- | --- |
| Supervisor’s Name: | Title: |
| Supervisor’s Signature: | Date: |

**FOR INTERNAL USE ONLY:**

|  |
| --- |
| Follow up action completed: |
| Follow up completed by: | Date Completed: |
| Signature: |

**Return your completed request to Golden State Risk Management Authority**

**By Fax: 530-934-8133**

**Email:** **lossprevention@gsrma.org**