



## 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 [lossprevention@gsrma.org](mailto: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: [memberservices@gsrma.org](mailto:memberservices@gsrma.org)