



Ergonomic assessment request form

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Only employees can make evaluation requests.

Employee details			
First and last name	First name:		Last name:
ASU ID, email, phone	ASU ID:	Email:	Phone:
Campus	<input type="checkbox"/> Downtown Phoenix <input type="checkbox"/> Polytechnic <input type="checkbox"/> Tempe <input type="checkbox"/> West Valley <input type="checkbox"/> Other _____		
Department, job title	Department:		Job title:
Location			
Supervisor's name and email	Name:		Email:
Duties include			
Computer use — laptop or desktop: How long per week?	Days:		Hours:
Does your job require you to lift objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to the question above, how often do you lift objects at work?			
How many pounds do you lift?			
Other repetitive tasks			
Please describe any repetitive tasks.			
Are you experiencing pain or other symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to the question above, please describe.			
Preferred days and times for assessment			
Day of the week	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
Preferred time	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon		
Billing contact			
Billing code: Cost center and program group			