

ERGONOMIC ASSESSMENT REQUEST FORM

Date	
Name	Employee Number
Telephone Extension	Address (building and room)
Job Title	Faculty/School/Department/Service
Supervisor	Is your supervisor aware of your request? YES NO
Reason for Request	

Your supervisor will be advised of your request. However, any personal or medical information provided as part of the assessment is confidential. Only a summary of the assessment, with changes done and recommendations to reduce the ergonomic risks of your workstation will be provided to your supervisor following the assessment.

The implementation and the costs associated with the recommendations are the responsibility of your faculty/school/department/service.

Please send your completed form to:

Pauline Borris
Ergonomist
Health, Wellness and Leave
Tabaret 017
Tel: 613-562-5800, ext. 1399
Fax: 613-562-5120
E-mail: pborris@uottawa.ca