

Req. #: _____



Adelanto Elementary School District

11824 Air Expressway, Adelanto, California 92301
Phone: 760-246-8691 Fax: 760-246-4259 Web: www.aesd.net

RISK MANAGEMENT SERVICES **Ergonomic Evaluation Request**

Please fill out form and submit to:
Risk Management
email to Josie_Belcher@aesd.net

Date: _____

Employee Name: _____

Department: _____

Work Station Location: _____

Phone: _____ Fax: _____

Email: _____

Supervisor Name: _____

Reason for Request: _____

As the supervisor for the employee named above, I acknowledge that I have been informed of this ergonomic evaluation request. By signing this request, I acknowledge that specific ergonomic equipment required may have to be purchased by my department and not Risk Management Services.

Supervisor Name: _____

For RMS Staff Use Only:

Evaluation Authorized by: _____ Date: _____

Assigned to: _____ Date: _____

Date Evaluation Completed: _____