



EHS Ergonomic Training or Departmental Intervention Request Form

Date _____

Name _____

I am the supervisor/Manager

I am NOT the supervisor/Manager

Contact/email address _____

Department _____

I am interested in group training

Topics:

Office/computer based ergonomics

Work from Home computer based ergonomics

Laboratory ergonomics

Material handling ergonomics

Other _____

How many people do you estimate to attend? _____

I would prefer this training to be:

In person

Virtual

I am interested in a departmental intervention

Based on:

Specific job task

Reports of discomfort

Other _____

Comments: _____

Please note that someone from EHS ergonomics will contact you for next steps