

ERGO-SMART REQUEST FORM - Ergonomic Evaluation

Maricopa County Employee Benefits Division

Date Received

Service(s) Requested:

(1) Individual work station evaluations (Approximately 1 hour each) _____

Please list individual names below in order of priority:

Please Mark One Only

Please designate if the individual evaluation is:

Preventative (P), Medical /Industrial (M/I),
Safety Related (S) or Equipment/Furniture Request (E/F)

1. Name: _____	Phone # _____	P	M/I	S	E/F
2. Name: _____	Phone # _____	P	M/I	S	E/F
3. Name: _____	Phone # _____	P	M/I	S	E/F
4. Name: _____	Phone # _____	P	M/I	S	E/F

Preventative - Defined as an evaluation for an employee with no major medical symptoms aggravated by work, but may have normal aches and stress, and want their workstation checked for correct set-up.

Medical/Industrial* *see below* - Defined as an evaluation where the employee is experiencing medical symptoms related to work and may or may not be seeing a physician OR an evaluation requested due to a Workers Compensation Claim.

Safety Related - Defined as an evaluation due to broken chairs or unsafe furniture and/or equipment.

Equipment / Furniture Requested -

Deadline to receive items -

***If Medical/Industrial (M/I)** is checked off then please answer the questions below as completely as possible:

- a) Is the Employee treating with a: Physician (P) Chiropractor (C) Therapist (T) Other (O)?
- b) How long has the employee been treating with a Medical Professional?
- c) Did you receive a physician's prescription for ergonomic equipment or services? Yes No

If YES, please attach a copy of the prescription along with this request

Supervisors: Please attach additional information like copies of emails, medical info, physician requests, and specific timeline. This will assist in expediting the request and prioritizing. If employee wants the info confidential, please send interoffice to 301 S. 4th Ave., Suite B100 and mark the envelope "Ergonomics."

(2) Walk-through Worksite Evaluation & Study (Approximately 1 - 1.5 hours)

This evaluation requires a walk-through with a supervisor or manager, evaluating equipment, furniture, work processes and doing a risk analysis.

Workstation Evaluation Information

Department & Physical Location:

Supervisor and/or contact person:

Best time to contact supervisor/contact person:

Time of Availability: AM PM

Supervisor Signature: _____

This evaluation requested by: _____ Date _____

Send or fax to: ERGONOMICS - 301 S. 4th Avenue, Suite B100, Phoenix, AZ 85003

Phone: 602-506-2284 or 602-506-1913

Fax: 602-506-8974