



# Ergonomic Survey Request Form

This form will be forwarded to Injured Workers Insurance Fund (IWIF) / SERMA risk consultant who will contact you about this request and, if needed, schedule a site visit. Please allow 5-7 business days for a response.

Name:	First: <input type="text"/> Last: <input type="text"/>
Supervisor Name:	First: <input type="text"/> Last: <input type="text"/>
Date Submitted:	<input type="text"/>
Date Selected for Survey:	<input type="text"/>
Email:	<input type="text"/>
Location of Survey:	Building <input type="text"/> Room <input type="text"/>
Workstation Description:	<input type="text"/>
Discomfort Area:	<input type="checkbox"/> head <input type="checkbox"/> neck <input type="checkbox"/> forearm <input type="checkbox"/> hand <input type="checkbox"/> shoulders <input type="checkbox"/> lower back <input type="checkbox"/> multiple <i>(Check all which apply)</i>
Comments:	<input style="width: 100%; height: 100%;" type="text"/>