

WORKPLACE ERGONOMIC EVALUATION REQUEST

K-ISH 606 (2-20)

Entity name: _____

Name of contact: _____ Title: _____

Email: _____ Phone: (_____) _____

Site address (no P.O. Box): Street _____

City: _____ State: _____ ZIP: _____ County: _____

Number of employees requesting evaluations: _____

Please list the names of employees requesting evaluations and any additional information or specific requests:

Servicing of Request: For requests in Shawnee County, a minimum of three requested evaluations is required to schedule the visit. Ergonomic requests outside of Shawnee County require a minimum of 12 evaluations and the approval of the Director of Industrial Safety and Health. Exceptions to this policy can only be made by the Director of Industrial Safety and Health. If an employee scheduled for an ergonomic evaluation is unavailable at the time of the appointment and does not give the Division of Industrial Safety and Health prior notification, that individual will be removed from the request and a new request for that individual will be required. If an individual misses two scheduled evaluations without notifying the Division of Industrial Safety and Health, they will not be rescheduled until approved by the Director of Industrial Safety and Health.

Ergonomic Evaluation Reports: Reports of ergonomic evaluations will only be provided to the agency/entity's human resources director, a professional in the human resources department or that agency's equivalent position. Ergonomic evaluation reports will provide recommendations for addressing possible ergonomic issues. These recommendations have no required follow-up action.

Certification: To the best of my knowledge and belief the statements on this form are true and correct. If submitted electronically, this form will be considered to be signed.

Signature: _____ Date: _____

Disclaimer: The mention of a specific company or product by the consultant does not constitute an endorsement by the Kansas Department of Labor. Recommendations in this report are based on the conditions which were present during our evaluation and on the best information available to the consultant at the time of the evaluations. These recommendations do not replace any other needed or required safety or health monitoring for your facility.

Three methods are available for returning this completed form: mail, fax or email. Information is provided below. If you do not receive a response within two weeks of submitting your application, please call.