

**City Of Oakland
Ergonomics Program
Work Site Evaluation Request (E101)**

Section 1 – Requestor Information

Agency/Department: _____ Date of Request: _____
Contact Name: _____ Phone Number: _____
Authorizing Signature: _____ Phone Number: _____

Type of Evaluation: _____ Computer Work Station Evaluation

Name of Employee: _____ Phone Number: _____

Employee # _____

New Employee: _____ New Equipment: _____

- Specialty Workstation, Non-Industrial
 - Specialty Workstation, Industrial
 - Job Processes or Operations/Non-Computer Workstation
 - Construction/Renovation Designs
 - New Furniture/Equipment Design
 - Job/Task Safety Analysis
 - Job Physical Demand/Capacity Review
 - Other (please specify): _____
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Section 2 – Location and Description of Request

Address of Worksite: _____

Usual Work Hours: _____ AM/PM to _____ AM/PM Usual Workdays: M Tu W Th F Sa Su

Description of Work Site or Process:

Description of Problems, Complaints or Symptoms (if any):

For Office Use Only:

Assigned to: _____ Date Assigned: _____ Deadline: _____ Initials _____

Comments: _____

INSTRUCTIONS:

1. Department staff completes Sections 1 and 2. Attach supplementary information as needed.
2. Obtain authorizing signature (supervisor or manager).
3. Forward form to Risk Management to lchan2@oaklandca.gov or fax to 238-4749. If you have any questions, contact Lana Chan at 238-7971 Greg Elliott at 238-4993.