

Ergonomic Work Authorization Form

Date _____

Project Manager Name _____

Work Authorization Number	#
Purchase Order Number	

Ergonomic Assessments

	Employee Name	Assessment Date	Location	Office/Cube Number	Office	Initial Assessment or Follow Up?	Employee Supervisor Name
1						Initial Assessment Follow Up	
2						Initial Assessment Follow Up	
3						Initial Assessment Follow Up	
4						Initial Assessment Follow Up	
5						Initial Assessment Follow Up	
6						Initial Assessment Follow Up	
7						Initial Assessment Follow Up	
8						Initial Assessment Follow Up	
9						Initial Assessment Follow Up	

*In accordance with the **Ergonomic Assessment Master Agreement**, I authorize the ergonomist to perform an ergonomic evaluation for the individual(s) listed above. All Ergonomic Work Authorizations shall be governed by the **Ergonomic Assessment Master Agreement** and the terms of that Agreement are hereby incorporated into each Participating Entity's Work Authorization.*