

## USD EH&S Ergonomic Assessment Request Form

Professional ergonomic assessments are reserved for complex cases that cannot be resolved through the primary self-adjustment process. **Before submitting this request, you are required to have completed the "Getting Started Checklist" and utilized the digital resources provided on our website.**

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### Employee Information:

Full Name: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

USD Email: \_\_\_\_\_

### Primary Work Mode / Location:

On Campus Bldg / Rm:

Remote (USD-issued equipment)

Hybrid: Campus Bldg / Rm:

Remote (personal equipment)

### Self-Adjustment Confirmation

To ensure our specialists can provide the most effective support, please confirm you have completed the following steps (check all that apply):

**Yes    No    Initials**

\_\_\_\_\_ I have reviewed the **USD ergonomic checklist** on the EHS website.

\_\_\_\_\_ I have adjusted my **chair height and lumbar support** according to the checklist.

\_\_\_\_\_ I have positioned my **monitor(s)** at the recommended height and distance.

\_\_\_\_\_ I have aligned my **keyboard and mouse** for neutral wrist and shoulder posture.

\_\_\_\_\_ I have used **movement breaks** and ergonomic habits for at least one week.

\_\_\_\_\_ I have watched both the "Ergonomics Best Practices - Computer Based Training" and the "Ergonomics Best Practices - Symptom Solver" videos on the EHS website under the Ergonomics Assessment Process section.

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**Reason for Request:** *Since applying the recommended self-adjustments, what specific ergonomic challenges are you still experiencing? (please provide as much detail as possible)*

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### Submission Agreement

By submitting this request, I confirm that I have made a good-faith effort to optimize my workstation using the University's self-service resources and I feel further professional guidance would be beneficial.

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_