

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

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**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: \_\_\_\_\_

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- 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: \_\_\_\_\_

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

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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 [eturner@oaklandnet.com](mailto:eturner@oaklandnet.com) or fax to 238-4749.  
If you have any questions, contact Greg Elliott at 238-4993 or Erika Turner at 238-7660.