

## **ERGONOMIC EQUIPMENT**

RECOMMENDATIONS

Site:	Room:	Date:
Employee:	Position:	Requestor:

## **Equipment Recommended**

Office Chair	Arm Rests	Lumbar Sup	Petite	Large
Telephone Headset (Wireless)				
Footrest (Height range 4-5 inches)				
Footrest (Height range 5-10 inches)				
Keyboard/Mouse Tray				
Keyboard/Mouse Tray (Corner desk)				
Sit to Stand Desktop Adapter				
Sit to Stand W/ below desk keyboard				
Document Holder (Standard)				
Document Holder (legal Size)				
Other				

Is the employee experiencing pain related to working at their computer workstation? Yes No

## Please send photos of the employee siting at their workstation to Risk Management

Send this form and photos to: Risk Management

riskmanagement@conejousd.org