



**Shasta –Trinity Schools Insurance Group**  
Ergonomic Evaluation Request Form



<b>Employee's Name:</b>		<b>Work #:</b>	
<b>Employee's Title:</b>		<b>Claim #:</b>	
<b>Employee's Email:</b>			
<b>Supervisor's Name:</b>		<b>Work #:</b>	
<b>School District:</b>			
<b>Site Name:</b>			
<b>Site Address:</b>			

**Reason for Request:**

If equipment is recommended as a result of this evaluation, the authorizing contact person for follow-up is:

<b>Name:</b>		<b>Tel #:</b>	
<b>Email:</b>			

**Additional Reports Sent to:**

<b>Name:</b>		<b>Tel #:</b>	
<b>Email:</b>			

<b>Name:</b>		<b>Tel #:</b>	
<b>Email:</b>			

Completed reports will be sent by Kurt Walling, Loss Prevention. [kwalling@stsig.org](mailto:kwalling@stsig.org)

*Kurt Walling*

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Shasta-Trinity Approved Signature

\_\_\_\_\_  
Service Request Date

**Shasta-Trinity Schools Insurance Group, Loss Prevention**  
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(530) 221-6444 ● (530) 221-6225 fax ● [www.stsigjpa.com](http://www.stsigjpa.com)