



Shasta –Trinity Schools Insurance Group
Ergonomic Evaluation Request Form



Employee's Name:		Work #:	
Employee's Title:		Claim #:	
Employee's Email:			
Supervisor's Name:		Work #:	
School District:			
Site Name:			
Site Address:			

Reason for Request:

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

Name:		Tel #:	
Email:			

Additional Reports Sent to:

Name:		Tel #:	
Email:			

Name:		Tel #:	
Email:			

Completed reports will be sent by Kurt Walling, Loss Prevention. kwalling@stsig.org

Kurt Walling

Shasta-Trinity Approved Signature

Service Request Date

Shasta-Trinity Schools Insurance Group, Loss Prevention
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