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| **ERGONOMIC RISK REPORT**  **COMPANY LOGO** | | **Format No.**  **Rev. No. & Date**  **Document No.**  **Document Date** | | | **NAME OF PROJECT** |
| **DATE REPORTED POTENTIAL ERGONOMIC RISK(S)** | **PERSON REPORTED THE POTENTIAL ERGONOMIC RISK(S)** | | | **PERSON(S) INVOLVED IN THE POTENTIAL ERGONOMIC RISK(S)** | |
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| **POTENTIAL ERGONOMIC RISK(S) DESCRIPTION** | | | | | |
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| **ROOT CAUSE / SOURCE CAUSE OF POTENTIAL ERGONOMIC RISK(S)** | | | | | |
|  | | | | | |
| **INSPECTED SYSTEM FAILURE** | | | | | |
|  | | | | | |
| **SOLUTION IDENTIFIED** | | | **ACTION TO BE TAKEN** | | |
|  | | |  | | |
| **SHE COMMITTEE CHAIRPERSON SIGN. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SHE REP(S) SIGN. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |