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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** |
|  |
| **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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |