

Developing Solutions Worksheet – Form 3A

Ergonomic Team Member Name: _____ Date: _____

If agreement on hazard control(s) is not reached by the Supervisor and the Ergonomic team, an In-Depth Risk Assessment may be required. In which case, a referral must be sent to the University of Western Ontario Ergonomic Specialist. See Form 2C. Results to be reviewed by upper management for further discussion.

For further information refer to the MSD Prevention Program Workbook.

What is the MSD hazard we are concerned about?

