

Instructions to request funding for purchase of office ergonomic equipment (chairs, keyboard tray, etc.):

1. Complete the required forms in their entirety. Departments should compile all office ergonomic requests and use a BSAS Funding Request Form to summarize the total dollars requested, up to a maximum of \$1,000 per location. Incomplete or illegible forms will not be processed. Provide all required signatures before submission.
2. Requests for ergonomic-related office equipment must be accompanied by this "Office Ergonomic Equipment Request" form. When requesting funds for ergonomic equipment, the requesting department must provide at least a 50% match to BSAS funds. For example, when requesting funding to purchase a chair that costs \$500, BSAS will fund \$250 and the requesting department must provide \$250 toward the purchase.
3. In order to maximize the benefits of this program, the BSAS portion of funding for office ergonomic equipment will be capped at \$250 per workstation. Risk & Safety Services will consider exceptions to this limit on a case-by-case basis.
4. Prior to submitting this request, an ergonomic evaluation (either online or in-person) must be conducted for each individual requesting ergonomic equipment. The evaluation should demonstrate the need for the requested equipment to prevent or reduce an injury. See the ANR EH&S website <http://ucanr.edu/ergonomics> or contact us for assistance with ergonomic evaluations or training.
5. In order to assure that office products are of a high quality and contain ergonomic features, ANR Risk & Safety Services has developed an Ergonomic Equipment Catalog featuring common chairs, keyboards, keyboard trays, pointing devices, and other items. The catalog can be viewed on our website at:
http://safety.ucanr.edu/Safety_Training_Resources/Ergonomic_Training/Equipment_Catalog/.

Anyone considering the purchase of ergonomic office equipment is encouraged to review this Ergonomic Equipment Catalog before making a decision. In addition, some of the products on the catalog are available from ANR Risk & Safety Services or from the UC Davis Furniture Program for loan or trial before making a purchase.

6. Return the request form(s) with required signatures to ANR Risk & Safety Services by one of these methods:
e-mail to: baoatman@ucanr.edu
Mail to: ANR Risk & Safety Services, 2801 Second Street, Davis, CA 95618
7. Questions regarding completion of this form or the status of requests may be directed to:
Brian Oatman (530) 750-1264 baoatman@ucanr.edu
or Jaden Cooper (530) 718-3929 jacooper@ucanr.edu
8. Funds cannot be used for:
 - a. The routine replacement of old office furniture.
 - b. Furnishings for newly established offices or new employees.
9. You will be notified by e-mail of the approval or disapproval of your request. If the request is approved, ANR Risk & Safety Services will provide you with the account number to use when making the purchase. Please note that approved requests are subject to normal University purchasing requirements and you should coordinate with your business office to complete the purchase.

ANR Location: _____

Date of Request: _____

This form is used to supplement a BSAS Funding Request Form when requesting funding for office ergonomic equipment. Complete the information below for each person who will receive office ergonomic equipment and attach this form to the BSAS Funding Request. List each specific item you are requesting, the condition it is intended to correct, and what outcome you expect. Attach any additional information that supports your request.

Example #1: Request Workrite Banana board keyboard tray to allow employee to alternate use of the mouse between their right and left hands. Expect reduced chance of an injury to right hand from overuse of mouse.

Example #2: Request Steelcase Criterion chair for this employee because the armrest of their current chair does not adjust adequately for proper support of their arms. Improved support of their arms will decrease risk for shoulder or neck injury from inadequate support of the arms during prolonged work on the keyboard.

Employee Name: _____		Employee Title: _____	
Ergonomic Evaluator: _____	Date of evaluation: _____	Hours per day at work station: _____	
Cost of Equipment: \$ _____	Dept. Funds: \$ _____	BSAS Request: \$ _____	
List specific ergonomic equipment to purchase and expected improvement or outcome (see examples above):			

Employee Name: _____		Employee Title: _____	
Ergonomic Evaluator: _____	Date of evaluation: _____	Hours per day at work station: _____	
Cost of Equipment: \$ _____	Dept. Funds: \$ _____	BSAS Request: \$ _____	
List specific ergonomic equipment to purchase and expected improvement or outcome (see examples above):			

Employee Name: _____		Employee Title: _____	
Ergonomic Evaluator: _____	Date of evaluation: _____	Hours per day at work station: _____	
Cost of Equipment: \$ _____	Dept. Funds: \$ _____	BSAS Request: \$ _____	
List specific ergonomic equipment to purchase and expected improvement or outcome (see examples above):			