

Western MSD Program

Determine the Root Cause – Form 2B

Ergonomic Team Member Name: _____ Date: _____

If agreement on the root cause(s) is not reached by the Worker(s) 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.

For further information refer to the [MSD Prevention Program Workbook](#).

What is the MSD hazard we are concerned about?

