

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:
http://www.uwo.ca/humanresources/facultystaff/h_and_s/rehab/ergonomics/index.htm

What is the MSD hazard we are concerned about?

