



**North Dakota
Workforce Safety
& Insurance**
Putting Safety to Work

**ERGONOMIC INITIATIVE
EMPLOYER APPLICATION**
EMPLOYER SERVICES /
LOSS CONTROL DIVISION
SFN 59017 12/08

1600 EAST CENTURY AVENUE, SUITE 1
PO BOX 5585
BISMARCK ND 58506-5585
TELEPHONE NUMBER (701) 328-3800
TOLL FREE FAX NUMBER 1-888-786-8695
TDD NUMBER (for the hearing impaired only)
(701) 328-3786
www.WorkforceSafety.com

Please type or print clearly. To be considered for participation in this program, all employers must complete Sections 1 & 2 of this application. The WSI Ergonomic Coordinator will review your application to determine program eligibility. You can expect a written response within 10 working days, along with the list of providers in your area who are participating in this program. It will be the employer's responsibility to select which provider they choose to work with. Thank you for your interest in providing a safer workplace for your employees.

Section 1 – Employer Information

Employer's Business Name		WSI Employer Account Number	
Employer Contact Name	Title	Phone Number	Email Address
Mailing Address	City	State	Zip
Industry Group <input type="checkbox"/> Office Setting <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Healthcare <input type="checkbox"/> Trucking <input type="checkbox"/> Other (please specify)_____			

Section 2 – Statement Of Need For Ergonomic Assistance

Provide a summary of the need/problem as it relates to ergonomics in your workplace.
 Please provide specific information of the ergonomic issue, such as: job being performed, number of repetitions, awkward positioning, weights, frequencies, etc. (i.e. required to squeeze, while flexing wrist, 25 times per minute to tighten bolts). Consider providing pictures or video for further clarification of problem.

Have you had any ergonomic related injuries/claims in the past year?
 If so, please provide details:

Employer Signature

Employer Contact	Date
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(For WSI Use only)

Signature Of Approval

WSI Representative	Date
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