

Exhibit A

ERGONOMIC INITIATIVES LOG

Department: _____

Date: _____

Reported by: _____

Date: _____

Ergonomic Concern: _____

Action Recommended by: _____ Date: _____

Responsibility for Action Assigned to: _____

Action Taken: _____

Date Action Taken: _____ Taken by: _____

(signature)

Responsibility for Review Assigned to: _____

Results of review: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____