

Ergonomic Assessment Letter

Date: [Insert Date]

To: [Employee Name]

Position: [Employee Position]

Department: [Employee Department]

Dear [Employee Name],

We are conducting an ergonomic assessment to enhance workplace safety and improve your comfort while performing tasks in your role as a [Employee Position]. The objective of this assessment is to identify any potential ergonomic risks and suggest improvements to minimize discomfort and prevent injury.

Your participation is crucial, and we ask that you complete the following steps:

1. Review your current workspace and work tasks.
2. Complete the ergonomic assessment questionnaire attached.
3. Attend a follow-up meeting on [Insert Date] to discuss findings and recommendations.

Please return the completed questionnaire by [Insert Due Date]. If you have any questions or concerns, do not hesitate to reach out to me.

Thank you for your cooperation in making our workplace safer and more comfortable.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]