North Dakota Workforce Safety & Insurance

ERGONOMIC INITIATIVE
EMPLOYER APPLICATION
EMPLOYER SERVICES /
LOSS CONTROL DIVISION
SFN 59017 (07/2014)

1600 EAST CENTURY AVENUE, SUITE 1
PO BOX 5585
BISMARCK ND 58506-5585
TELEPHONE NUMBER (701) 328-3800
FAX (701) 328-6028
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, **Sections 1 & 2 of this application must be completed**. The WSI Ergonomic Coordinator will review your application to determine program eligibility. You can expect a written response within 5 working days from the date the application was received by WSI. Thank you for your interest in providing a safe 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

- ☐ Office Setting
- ☐ Construction
- ☐ Trucking
- ☐ Other (Please Specify):_____
- ☐ Manufacturing
- ☐ Healthcare
- ☐ Oil & Gas

Section 2 – Statement Of Need For Ergonomic Assistance

Provide a brief summary of your current need for the Ergonomic Initiative. This can either be a current ergonomic hazard at your workplace or a preventive measure to avoid potential injuries.

Employer Signature

By signing this form, I acknowledge that I agree to pay the 25% assessment fee directly to the provider chosen to conduct the assessments.

_____ _____
Employer Contact Signature Date Signed

(For WSI Use only)

Signature Of Approval

_____ _____
WSI Representative Date Signed