

# Musculoskeletal Disorder Report

Occupational Health and Safety Division



Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Position/Job Title: \_\_\_\_\_

Location of injury: \_\_\_\_\_

Workstation location: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Evaluated by: \_\_\_\_\_

Primary activities

Current musculoskeletal concerns