## Remote Worker Ergonomic Incident Template

Employee Name
Email Address
Date of Incident
Work Location (e.g., Home Office, Coworking Space)
Description of Incident
Body Part(s) Affected
Equipment/Furniture Used
Work Activity at Time of Incident
Work Activity at Time of incident
Symptoms Noticed
Symptoms Noticed
Actions Taken (e.g., Self-care, Notified Supervisor)
Suggestions for Prevention/Improvement