

MAIL FORM TO: 146-148 Forest Road P.O. Box 9000 St. John's NL A1A 3B8 FAX FORM TO: 709.778.1587 EMAIL FORM TO: general.inquiries@workplacenl.ca

CALL US AT: telephone: 709.778.1552 toll-free: 1.800.563.9000 *VISIT US AT:* workplacenl.ca

To add your business to the Ergonomics Directory of Service Providers, please complete this form.

Name of business:

| Address | | City/Town | | Postal Code |
|-------------|-------|-----------|---------|----------------|
| Telephone # | Fax # | | Website | Contact Person |
| | | | Email | |

Permanent business location address:

| Address | | City/Town | | Postal Code |
|-------------|-------|-----------|---------|----------------|
| Telephone # | Fax # | | Website | Contact Person |
| | | | Email | |

Alternate business locations throughout Newfoundland and Labrador:

| Address | | City/Town | | Postal Code |
|-------------------|-------|------------|---------|----------------|
| Telephone # | Fax # | | Website | Contact Person |
| | | Email | | |
| Address | | City/Tow | n: | Postal Code |
| Telephone # | Fax # | | Website | Contact Person |
| | | | Email | |
| Address | | City/Town: | | Postal Code |
| Telephone # Fax # | | Website | | Contact Person |
| | | Email | | |

Type of Business

Professional staff (optional)

List names, designations and/or job titles of staff members, or provide a summary of trained professionals on staff

| Are you | willing to travel to provide servio | ces? Yes No | | | |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| If yes | : | | | | |
| | Province-wide | | | | |
| | Specific regions within NL | Specify regions | | | |
| | Other (i.e. Atlantic Canada) | Specify | | | |
| Descrip | | context of the services so you may determine if your business provides those hiring a service provider to ensure the provider's services meet their specific needs. | | | |
| | Back Education Including Boo Anatomy and function of the spi musculoskeletal injuries (MSIs), manual handling principles and | ne and other back tissues, role of physical conditioning in the prevention of risks associated with activities involving awkward postures and manual handling, | | | |
| | Ergonomics Program Development / Implementation Developing/implementing an ergonomics program, or incorporating MSI prevention/ergonomics into the elements of an OH&S program. | | | | |
| | Fitness / Health Education The role of fitness/conditioning in the maintenance of a healthy musculoskeletal system and prevention of MSIs. Topics may include benefits of and guidance on physical activity/exercise, joint mobility, warm-ups and stretching, balanced diet, hydration, adequate rest, and healthy postures. | | | | |
| | Job Safety Analysis (JSA)/Physical Demands Descriptions (PDD) Objective descriptions of a job that identifies the various tasks and the physical demands required to perform them. | | | | |
| | Musculoskeletal Injury (MSI) Awareness and Prevention Training What MSIs are, example MSIs, signs and symptoms, the role of ergonomics, MSI prevention legislation, risk factors and ways to recognize and evaluate them, control measures, hierarchy of controls, establishing priorities for control, control monitoring and follow-up. | | | | |
| | Pre-employment Assessments Test of fitness for employment purposes. | | | | |
| | Risk Assessments - Ergonom Evaluating jobs/tasks to measur | | | | |
| | Safe Client Handling - Safe Work Practice (SWP) Development Development of a documented safe work practice, which clearly outlines the steps to be taken to safely manually handle a person (e.g. patient or resident), such as would be described in the safe client handling training. This document would be intended to be included in the OH&S Program. | | | | |
| | Safe Client Handling - Training Practical hands-on training for those who manually handle people. This must include a minimum of safe client handling techniques without the use of lifting equipment and aids (i.e. how to help someone up from the floor if they can help themselves a little, or how to help someone go from a chair to bed). | | | | |
| | Work Station Reviews Evaluating the design needs of a new or existing work station to ensure it suits the needs of the user(s). Control recommendations would be provided. | | | | |
| | Work Station Set-Up Principles (Education) The principles of designing a work station to fit the needs of the user by optimizing the interactions between the user and other system elements (i.e. products and equipment, environment, people, etc.). Include topics such as the ability to change postures, work in neutral postures, minimizing force and repetitive motions, optimizing environmental factors, etc. | | | | |
| | List any other services your b | ousiness provides | | | |