

# Office Ergonomics Workshop



Individuals will be trained in how to perform ergonomic assessments in order to improve the comfort and efficiency of the office environment while minimizing musculoskeletal as well as psychosocial risk factors. Registration is limited.

Date (Early Registration Deadline)	Course Fee (Early Registration Fee)	Time	Location
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June 16 <sup>th</sup> , 2010 (May 31 <sup>st</sup> )	\$395 + <sup>GST</sup> (\$325 + <sup>GST</sup> ) Group discounts available	8:00 AM – 4:00 PM (1 hr lunch on own)	SafeTech Office 12126-90 Street, Edmonton
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Course Objectives	Course Content
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1. To provide participants with the necessary tools to examine all aspects of an office workstation and make recommendations for change that will, in turn, reduce personal injuries and the increase the comfort and productivity of individual workers.
2. To provide guidance in retrofitting and or/ procurement of new office furnishings, equipment and accessories.
3. Encourage employees to take responsibility for their own health and well-being.

- Roles and responsibilities of trainees
- An introduction to anthropometry, physiology and biomechanics related to office discomfort
- Recognition of warning signs and symptoms leading to the development of a musculoskeletal injury
- Proper adjustment of office furnishings and equipment
- Office posture analysis and troubleshooting strategies
- Stretching/postural balancing exercises
- Information on how to evaluate and choose appropriate equipment for employees
- How to maximize existing furnishings

## Registration Form: (Fax to 1-780-414-6435)

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Payment by Visa, MasterCard or cheque must be received prior to course date to secure a spot in the workshop. Invoicing is available with the provision of a purchase order number. **Please Note: Refunds are as follows,**

- Cancellations one to six business days prior will be refunded at 50%.
- There are NO refunds for no-shows.

## Method of Payment:

Please invoice me with the following Purchase Order #: \_\_\_\_\_ **OR,**

Visa or  MasterCard Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_