Western MSD Program
Determine the Root Cause – Form 2B

Ergonomic Team Member Name: __________________ Date: ________________

If agreement on the root cause(s) is not reached by the Worker(s) and the Ergonomic Team, an in-depth risk assessment may be required. In which case, a referral must be sent to the University of Western Ontario Ergonomic Specialist. See Form 2C.

For further information refer to the MSD Prevention Program Workbook.

What is the MSD hazard we are concerned about?

Process: 

Equipment: 

Materials: 

Environment: 

Human: 

Likely causes of MSD Hazards