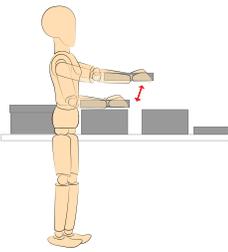
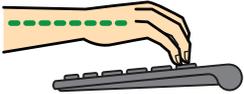
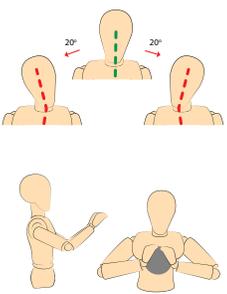
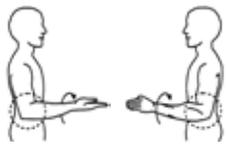
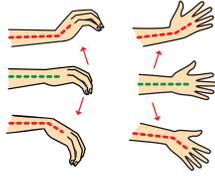
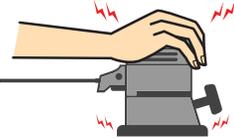


# ERGONOMICS RISK FACTOR CHECKLIST

## UPPER EXTREMITY RISK FACTOR CHECKLIST

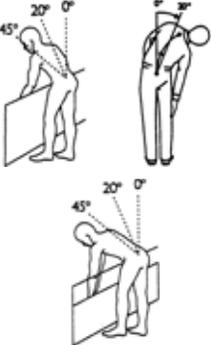
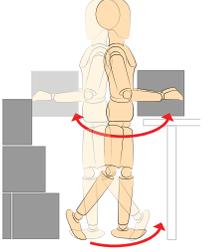
Date:	Analyst:	Job:	Location:
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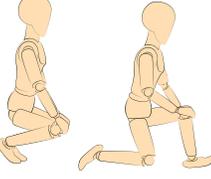
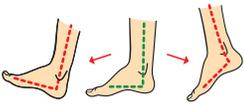
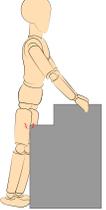
RISK FACTOR CATEGORY	RISK FACTORS	EXPOSURE Is the risk factor present within the job or task?	TIME				SCORE
			0% to 25% of total job time	25% to 50% of total job time	50% to 100% of total job time	If total time for job is > 8 hours, add 0.5 per hour	
<b>Upper Limb Movements</b>  	1. Moderate: Steady motion with regular pauses	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2		
	2. Intensive: Rapid steady motion without regular pauses	<input type="checkbox"/> YES <input type="checkbox"/> NO	1	2	3		
<b>Keyboard Use</b>  	3. Intermittent keying	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	0	1		
	4. Intensive keying	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	3		
<b>Hand Force (Repetitive or Static)</b>  	5. Squeezing hard with the hand in a power grip	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	3		
	6. Pinch more than two pounds	<input type="checkbox"/> YES <input type="checkbox"/> NO	1	2	3		
<b>Awkward Postures</b>  	7. Neck: Twist/Bend <ul style="list-style-type: none"> <li>Twisting neck &gt; 20°</li> <li>Bending neck forward &gt; 20° or back &lt; 5°</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2		
	8. Shoulder: Unsupported arm or elbow above mid-torso height	<input type="checkbox"/> YES <input type="checkbox"/> NO	1	2	3		

RISK FACTOR CATEGORY	RISK FACTORS	EXPOSURE Is the risk factor present within the job or task?	TIME				SCORE
			0% to 25% of total job time	25% to 50% of total job time	50% to 100% of total job time	If total time for job is > 8 hours, add 0.5 per hour	
	9. Rapid forearm rotation	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2		
	10. Wrist: Bend or deviate	<input type="checkbox"/> YES <input type="checkbox"/> NO	1	2	3		
<b>Contact Stress</b> 	11. Hard/Sharp objects press into skin	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2		
	12. Using the palm of the hand or wrist as a hammer	<input type="checkbox"/> YES <input type="checkbox"/> NO	1	2	3		
<b>Vibration</b>  	13. Localized vibration (without dampening)	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2		
	14. Whole-body vibration (without dampening)	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2		
<b>Environment</b>	15. Lighting (poor illumination or glare)	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	0	1		
	16. Adverse temperatures	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	0	1		
<b>Lack of Control Over Work Pace</b> (e.g., conveyor speed)	17. One control factor present = 1 Two or more control factors present = 2	<input type="checkbox"/> YES <input type="checkbox"/> NO					

**TOTAL UPPER EXTREMITY SCORE**

# BACK AND LOWER EXTREMITY RISK FACTOR CHECKLIST

RISK FACTOR CATEGORY	RISK FACTORS	EXPOSURE Is the risk factor present within the job or task?	TIME				SCORE
			0% to 25% of total job time	25% to 50% of total job time	50% to 100% of total job time	If total time for job is > 8 hours, add 0.5 per hour	
<b>Awkward Postures</b> 	18. Mild forward or side bending of the torso: More than 20°, but less than 45°	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2		
	19. Severe forward bending of torso, more than 45°	<input type="checkbox"/> YES <input type="checkbox"/> NO	1	2	3		
	20. Backward bending of torso up to 30°	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2		
	21. Twisting of torso	<input type="checkbox"/> YES <input type="checkbox"/> NO	1	2	3		
	22. Prolonged sitting without adequate back support	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2		
	23. Standing stationary or inadequate foot support while seated	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	0	1		

RISK FACTOR CATEGORY	RISK FACTORS	EXPOSURE Is the risk factor present within the job or task?	TIME				SCORE
			0% to 25% of total job time	25% to 50% of total job time	50% to 100% of total job time	If total time for job is > 8 hours, add 0.5 per hour	
	24. Foot action (e.g., pedal), standing stationary with inadequate foot support, balancing	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2		
	25. Kneeling/Squatting	<input type="checkbox"/> YES <input type="checkbox"/> NO	1	2	3		
	26. Hip abduction (repetitive/prolonged)	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2		
	27. Repetitive Ankle Extension/Flexion	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2		
<b>Contact Stress</b> 	28. Hard/Sharp objects press into skin	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2		
	29. Using the knee as a hammer or kicker	<input type="checkbox"/> YES <input type="checkbox"/> NO	1	2	3		
<b>Vibration</b> 	30. Whole-body vibration (without dampening)	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2		

RISK FACTOR CATEGORY	RISK FACTORS	EXPOSURE Is the risk factor present within the job or task?	TIME				SCORE
			0% to 25% of total job time	25% to 50% of total job time	50% to 100% of total job time	If total time for job is > 8 hours, add 0.5 per hour	
Push/Pull	31. Moderate load	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2		
	32. Heavy load	<input type="checkbox"/> YES <input type="checkbox"/> NO	1	2	3		
Lack of Control Over Work Pace (e.g., conveyor speed)	33. One control factor present = 1 Two or more control factors present = 2	<input type="checkbox"/> YES <input type="checkbox"/> NO					

**MANUAL HANDLING CHECKLIST SCORE**

(Add STEP II score and STEP III score from page five and insert total here)

**TOTAL BACK AND LOWER EXTREMITY SCORE**

# MANUAL MATERIALS HANDLING CHECKLIST

34(a). STEP I:	NEAR LIFT	MIDDLE LIFT	FAR LIFT
<p><b>Determine if the lift is near, middle or far (body to hands)</b></p> <p><b>Horizontal Distance</b></p> <ul style="list-style-type: none"> <li>Use an average horizontal distance if a lift is made every 10 minutes or less.</li> <li>Use the largest horizontal distance if more than 10 minutes pass between lifts.</li> </ul>			

34(b). STEP II:	NEAR LIFT		MIDDLE LIFT		FAR LIFT	
<p><b>Estimate the weight lifted (pounds)</b></p> <p><b>Weight</b></p> <ul style="list-style-type: none"> <li>Use an average weight if a lift is made every 10 minutes or less.</li> <li>Use the heaviest weight if more than 10 minutes pass between lifts.</li> <li>Enter 0 in the total score if the weight is 10 pounds or less.</li> </ul>	<b>DANGER ZONE</b>	More than 51 lb. 5* points	<b>DANGER ZONE</b>	More than 35 lb. 6 points	<b>DANGER ZONE</b>	More than 28 lb. 6 points
	<b>CAUTION ZONE</b>	17 to 51 lb. 3 points	<b>CAUTION ZONE</b>	12 to 35 lb. 3 points	<b>CAUTION ZONE</b>	10 to 28 lb. 3 points
	<b>SAFE ZONE</b>	Less than 17 lb. 0 points	<b>SAFE ZONE</b>	Less than 12 lb. 0 points	<b>SAFE ZONE</b>	Less than 10 lb. 0 points

\*If lifts are performed more than 15 times per shift, use 6 points. **STEP II SCORE:** \_\_\_\_\_

34(c). STEP III:	Factor	Occasional lifts (<1 hour/shift)	Frequent lifts (>1 hour/shift)
<p><b>Determine the points for other risk factors</b></p> <p><b>Other Risk Factors</b></p> <ul style="list-style-type: none"> <li>Use occasional lifts if more than 10 minutes pass between lifts.</li> <li>Use the frequent lifts points if the risk factor occurs with most lifts and lifting is performed for more than one hour.</li> </ul>	35. Twist torso during lift	1	1
	36. Lift one-handed	1	2
	37. Lift unexpected loads	1	2
	38. Lift 1-5 times/minute	1	1
	39. Lift > 5 times/minute	2	3
	40. Lift above the shoulder	1	2
	41. Lift below the knuckle	1	2
	42. Carry objects 10-30 feet	1	2
	43. Carry objects > 30 feet	2	3
	44. Lift while seated or kneeling	1	2
<b>STEP III SCORE:</b>			