

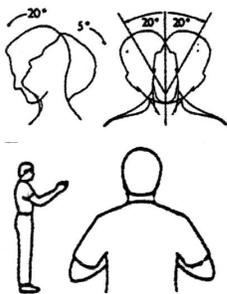
Appendix I-C-5

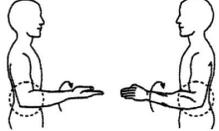
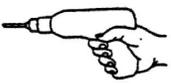
Ergonomic Risk Factor Checklist

ERGONOMIC RISK FACTOR CHECKLIST

UPPER EXTREMITY RISK FACTOR CHECKLIST

Date: _____ Analyst: _____ Job: _____ Location: _____

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 time	50% to 100% of time	If total time for job is >8hrs, add 0.5 per hour	
Upper Limb Movements	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		
Keyboard Use 	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		
Hand Force (Repetitive or Static) 	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 2 pounds	<input type="checkbox"/> YES <input type="checkbox"/> NO	1	2	3		
Awkward Postures 	7. Neck: Twist/Bend (twisting neck >20°, bending neck forward >20° or back < 5°)	<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 job time	25% to 50% of time	50% to 100% of time	If job time is >8hrs, 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		
 Contact Stress	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		
 Vibration	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		
Environment	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		
Control Over Work Pace	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

Date: _____ Analyst: _____ Job: _____ Location: _____

RISK FACTOR CATEGORY	RISK FACTORS	EXPOSURE Is the risk factor present within the job or task? <input type="checkbox"/> YES <input type="checkbox"/> NO	TIME				SCORE
			0% to 25% of job time	25% to 50% of time	50% to 100% of time	If job time is >8hrs, add 0.5 per hour	
<p>Awkward Postures</p>	18.Mild Forward or Side Bending of 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	<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		
	24.Foot action (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			

RISK FACTOR CATEGORY	RISK FACTORS	EXPOSURE Is the risk factor present within the job or task?	TIME				SCORE
			0% to 25% of job time	25% to 50% of time	50% to 100% of time	If job time is >8hrs, add 0.5 per hour	
Contact Stress	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		
Vibration 	30.Whole-Body Vibration (without dampening)	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2		
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		
Control Over Work Pace	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 scores 2 & 3 from page 3 and insert total here)							
TOTAL BACK AND LOWER EXTREMITY SCORE							

MANUAL HANDLING CHECKLIST

34(a). STEP I: Determine If the Lift is Near, Middle, or Far (Body to Hands) - Use an average horizontal distance if a lift is made every 10 minutes or less. - Use the largest horizontal distance if more than 10 minutes pass between lifts.	NEAR LIFT	MIDDLE LIFT	FAR LIFT

34(b). STEP II: Estimate the Weight Lifted (Pounds) - Use an average weight if a lift is made every 10 minutes or less. - Use the heaviest weight if more than 10 min. pass between lifts. - Enter 0 in the total score if the weight is 10 lb or less.	NEAR LIFT		MIDDLE LIFT		FAR LIFT	
	DANGER ZONE	More than 51 lb 5* points	DANGER ZONE	More than 35 lb 6 points	DANGER ZONE	More than 28 lb 6 points
	CAUTION ZONE	17 to 51 lb 3 points	CAUTION ZONE	12 to 35 lb 3 points	CAUTION ZONE	10 to 28 lb 3 points
SAFE ZONE	Less than 17 lb 0 points	SAFE ZONE	Less than 12 lb 0 points	SAFE ZONE	Less than 10 lb 0 points	

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

STEP III: Determine the Points for Other Risk Factors - Use occasional lifts if more than 10 minutes pass between lifts - Use the more than 1 hour points if the risk factor occurs with most lifts and lifting is performed for more than 1 hour	Factor	Occasional lifts (<1 hr/shift)	Frequent lifts (>1 hr/shift)	
	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		
STEP III SCORE:				