

Ergonomic Assessment Checklist		Date	Activity Assessed		
<b>Risk Rating (circle one)</b>  <u>High</u> <u>Medium</u> <u>Low</u>	Organization		Point of Contact		
	Personnel Observed				
	BLDG NO/Location		ROOM/AREA		
*See Notes on bottom of form to obtain the Rating*					
Ergonomic Assessment Checklist					
Risk Factors				Yes	No
1. Have any shop workers been previously diagnosed with any of the following CTD's: Carpal tunnel, Tendonitis, Tenosynovitis, De Quervain's disease, Trigger Finger, White finger, Hand Arm Segmental Vibration Syndrome, Muscle strains, or Back ailments?					
2. Have there been any worker complaints concerning ergonomic issues?					
3. Do employees perform high repetition tasks? (100 reps/hour to 2000 per/day)					
4. Do the employee's routine tasks require repeated heavy lifting? (>20 lbs) or occasional heavy lifting (>50 lbs)					
5. Are employees using awkwardly designed tools, which cause the worker to operate the tool outside of a neutral position for an extended period of time? (> 1 hour)					
6. Do employees perform tasks with an awkward head or neck position for an extended period of time? (1 to 3 hours)					
7. Do employees perform tasks that require awkward back angles to be held for extended periods of time (2 to 3 hours)? i.e. . .hunching, bending, or squatting					
8. Do employees perform tasks with an awkward elbow angle for an extended period of time (1 to 3 hours) or with extreme force application?					
9. Do employees perform tasks with an awkward elbow abduction angle for an extended period of time (1 to 3 hours) or with extreme force application?					
10. Do employees perform tasks with an awkward wrist flexion angle for an extended period of time (1 to 3 hours) or with extreme force application?					
11. Do employees perform tasks with an awkward wrist extension angle for an extended period of time (1 to 3 hours) or with extreme force application?					
12. Do employees perform tasks with an awkward back/hip flexion angle for an extended period of time (1 to 3 hours) or with extreme force application?					
13. Do employees perform tasks with an extreme reaching distance for an extended period of time (1 to 3 hours) or with extreme force application?					
14. Do employees perform tasks with an odd work station height (either standing or sitting) for an extended period of time (1-3 hours) or with extreme force application?					
15. Are high impact tools used routinely? i.e., riveters, bucking bars, or impact wrenches					
16. Are high vibration producing tools used routinely? i.e., die grinders, sanders, weed eaters					
17. Do employees perform tasks at an extreme height (high or low) for an extended period of time (1 to 3 hours) or with extreme force application?					
18. Are there any other areas of concern either from your observations or employee complaints?					

\*Note if there is a **Yes** checked in any block please use page two to give a brief explanation of what the activity is or what the worker complaint was.

**High Risk:** If you answered Yes to #1 (and the shop has done nothing to fix it), if Yes to #2 or 3 and two other Yes's in #'s 4 through 15, or if Yes to six or more in #'s 4 through 15.

**Medium Risk:** If you answered Yes to #1 (and the shop has made changes), if Yes to #2 or 3 and one other Yes in #'s 4 through 15, or if Yes to three to five in #'s 4 through 15.

**Low Risk:** If no Yes's in #'s 1, 2, or 3 and less than 3 Yes's in #'s 4 through 15.

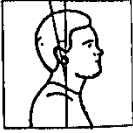
<b>Ergonomic Survey Evaluation</b>		<b>Date</b>	<b>Activity Assessed</b>
<b>Ergonomic Survey Checklist Evaluation Explanation</b>			
<b>Question number &amp; Activity Name</b>	<b>Brief Explanation – use this section if you answered yes to any questions on page 1 (please list corresponding question number) and briefly outline any risks associated with an activity</b>	<b>Risk Factors</b>	
<b>Name of Assessor</b>		<b>Name of Reviewer</b>	

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# Risk Factor Guide

## Head & Neck

Optimal work Position  
0° to 10°



Moderate Stress  
10° to 15°



Severe Stress  
15° to 20°

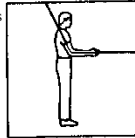


## Elbow Angle

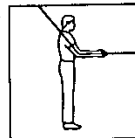
Optimal work position  
90° to 105°



Moderate Stress  
105° to 120°

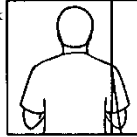


Severe Stress  
120° to 135°

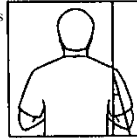


## Elbow Abduction

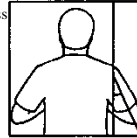
Optimal work position  
0° to 10°



Moderate stress  
10° to 20°

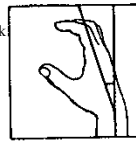


Severe Stress  
20° to 30°

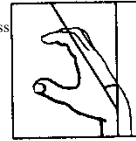


## Wrist Flexion

Optimal work position  
0° to 15°



Moderate stress  
15° to 30°

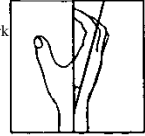


Severe Stress  
30° to 40°

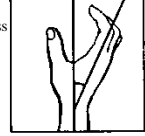


## Wrist Extension

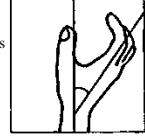
Optimal work Position  
0° to 15°



Moderate stress  
20° to 35°

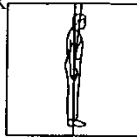


Severe stress  
35° to 45°

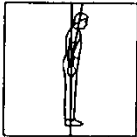


## Hip/Lower Back Flexion

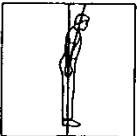
Optimal work position  
0° to 5°



Moderate stress  
5° to 10°

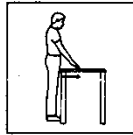


Severe stress  
10° to 15°



## Reaching

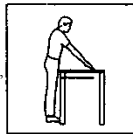
Optimal work position  
Male: 10" to 15"  
Female: 8" to 12"



Moderate stress  
Male 15" to 20"  
Female 12" to 16"



Severe stress  
Male: 20" to 25"  
Female: 16" to 20"



## Task Height

Optimal work position  
Male: 36" to 39"  
Female: 35" to 38"



Moderate stress  
Male: 39" to 41"  
Female: 38" to 40"

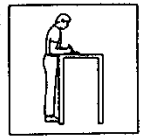


Severe Stress  
Male: 41" to 43"  
Female: 40" to 42"

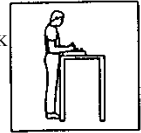


## Workstation Height

Optimal work position  
PRECISION WORK  
Male: 40" to 44"  
Female: 38" to 42"



Optimal work position  
SMALL, LIGHT WORK  
Male: 36" to 38"  
Female: 34" to 36"



Optimal work position  
LARGE, HEAVY WORK  
Male: 30" to 36"  
Female: 28" to 34"

