Name of school:_____________________________________________         Date: ____________________

Name of task evaluated: ____________________________________________________________________

Are your working conditions causing or may cause problems?
Evaluate your work with the checklist presented below.
Mark an X where you see the risk factor that resembles the situation at your school.

STRENGTH WHEN LIFTING OBJECTS

1. When lifting, is it required to grasp the object with the fingers as a pinch grip?  

2. Is the lifting done with only one hand?  

3. Is the lifting of heavy objects done without mechanical aids or carts?  

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5. When lifting heavy objects, are hands required to reach out or stretch over the shoulder?

STRENGTH TO PUSH, PULL OR CARRY OBJECTS

6a. Are the carts difficult to move?

6b. When moving objects, do you pull instead of push?

On the floor there are:

7a. waste

7b. surfaces with cracks

7c. irregularities or problems with the wheels of the carts

8. Are heavy objects carried a long distance?
9. Do the tools require a pinch grip or just a finger in order to activate them?

10. Are the tools or utensils too big or too small for the employee’s hand?

11. Is the tool’s handle too wide?

12. Is the handle of the tool too thin?

13a. Are repetitive movements of the wrist needed to perform your tasks?

13b. Are rapid twists on your wrist required to perform your tasks?
14. Are you required to exert finger force repeatedly while performing your tasks?

15a. Do you have to bend or twist your back while lifting or carrying objects?

15b. Do you have to lift or rearrange objects from tight or uncomfortable spaces?

16. Do your tasks require bending, leaning or squatting?

17. Do your tasks require working with bent or deviated wrists? (e.g. while cooking, serving food, washing dishes, carrying trays, working with computer keyboards)

18. Do your tasks require your hands to move more below the waist or above the shoulders?
19. Do your tasks require moving from side to side or reaching movements towards the back of the body?

20. Does the work require you to remain standing for a prolonged period of time without anti-fatigue mats?

LOCALIZED CONTACT STRESS

21. Are there hard or sharp edges, where you must lean on to carry out your tasks?

22. Do the employees use their hands as pliers (e.g. to open or close containers)?

23. Do the edges of the tools' handles exert pressure on the palm of the hand?
24. Are the knives dull/blunt?  

25. Do the counters, surfaces, and work areas remain above/below elbow height?  

26. Are carts used to move heavy objects?  

27. Does the cart’s design help maintain the objects contained (they don’t roll away)?  

28. Are ladders provided for reaching high shelves?
29. Do boxes and containers have handles or openings that allow one to comfortably insert hands and carry them? □

30. Are the height and the depth of the containers adequate for the employees? □

31. Is the majority of the work done at elbow height? □

32. Do the balances, cutters and other equipment remain at elbow height? □

33. Are there exposures between very cold areas (such as freezers) or very hot areas (such as furnaces, vapor, or high humidity). □