

Ergonomics Screening Tool

Use the checklist below to identify risk factors for work activities with ergonomic concerns and risk-reduction solutions. Contact the SU Ergonomics Program at 723-0448 for additional assistance.

Task:

Location:



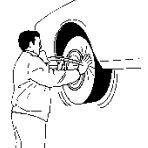

Department:

Evaluated By:

Date:




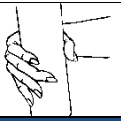
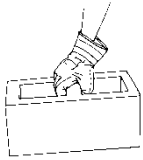
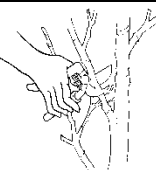
DIRECTIONS:

1. Analyze the above task.
2. Mark the check boxes for any of the risk factors listed below.
3. List the ergonomic control measures that mitigate the identified risk factors.

1. Lifting			
	RISK FACTOR	Risk Factor Observed	Risk Control Measures (e.g. mechanical assists, making load smaller, additional help, lifting technique, postural awareness, microbreaks, work rotation)
	Lifting more than 50 lbs.	<input type="checkbox"/>	
	Lifting objects above shoulder level or below the knees.	<input type="checkbox"/>	
	Lifting objects with the hands more than 12 inches horizontally from the body.	<input type="checkbox"/>	
	Frequent lifts (>2 hours/day with >12 lifts/hour -OR- < 2 hours/day with >60 lifts/hour)	<input type="checkbox"/>	
<p>NOTE: If one or more of the above check boxes are marked (for lifting), efforts should be made to minimize one or more of the following: the load weight, load distance, and/or the lifting frequency. For recommended weight limits, refer to the <i>Lifting Calculator</i> at http://www.orosha.org/interactive/lifting/lift_safety.html</p>			

REFERENCES:

- Modified from State of Washington Department of Labor and Industries Caution Zone Checklist and Hazard Zone Checklist. Retrieved 6/2012 from <http://www.lni.wa.gov/Safety/Topics/Ergonomics/ServicesResources/Tools/default.asp>.
- Derived from the American Conference of Governmental Industrial Hygienists (2007). Threshold Limit Values for Lifting. *TLVs and BEIs*.
- Oregon OSHA. Retrieved 2/2014 from http://www.orosha.org/interactive/lifting/lift_safety.html.

2. Awkward Postures		
RISK FACTOR	Check if Observed	Risk Control Measures (e.g., mechanical assists, adjustable workstations, tools with alternate handles, stands, larger grips, postural awareness, microbreaks)
 <p>Overhead work - Hands above the head, elbows above the shoulders. Cumulative duration >2 hrs/day.</p>	<input type="checkbox"/>	
 <p>Neck or back is bent >30°, little ability to vary posture. Cumulative duration >2 hrs/day.</p>	<input type="checkbox"/>	
 <p>Squatting or kneeling. Cumulative duration >2 hrs/day.</p>	<input type="checkbox"/>	
 <p>Bent wrists. Cumulative duration >2 hrs/day.</p>	<input type="checkbox"/>	
3. Forceful Hand Movements		
RISK FACTOR	Check if Observed	Risk Control Measures (e.g. mechanical assists, tools with alternate handles, stands, larger grips, clamps, making load smaller)
 <p>Pinching to hold unsupported objects ≥2 lbs per hand (using pinch force equivalent to holding half a ream of paper). Cumulative duration >2 hrs/day.</p>	<input type="checkbox"/>	
 <p>Gripping ≥10 lbs per hand to hold unsupported objects (using gripping force equivalent to squeezing car jumper cables). Cumulative duration >2 hrs/day.</p>	<input type="checkbox"/>	
4. Other (Body Movements, Vibration, Slip/Trip/Fall)		
RISK FACTOR	Check if Observed	Risk Control Measures (e.g. automated processes, gloves/grip handles, barriers, proper tool maintenance, microbreaks, work rotation, proper housekeeping)
Repeating the same movement with little or no variation (≥5 times/min). Cumulative duration >2 hrs/day.	<input type="checkbox"/>	
Work involving sudden movements (e.g. starting a chainsaw)	<input type="checkbox"/>	
Vibration from high-vibration tools (e.g. chain saws, jackhammers, impact wrenches) >30 minute per day OR from moderate-vibration tools (e.g. saws, sanders) >2 hours per day.	<input type="checkbox"/>	
Work around potential slip/trip/fall hazards (e.g. loading docks, stairs, wet/greasy surfaces)	<input type="checkbox"/>	

CONTACT THE SU ERGONOMICS PROGRAM AT 723-0448 FOR ADDITIONAL ASSISTANCE