




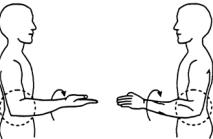
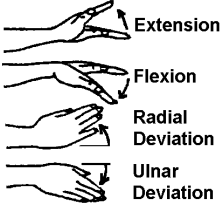





ERGONOMICS RISK FACTOR CHECKLIST

UPPER EXTREMITY RISK FACTOR CHECKLIST

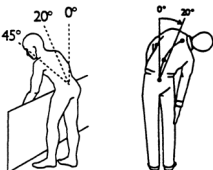
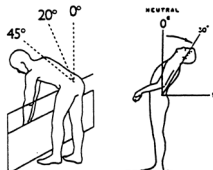
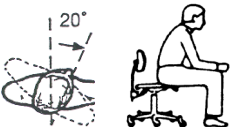
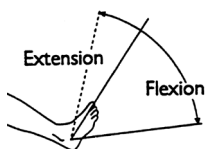
Date:	Analyst:	Job:	Location:
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RISK FACTOR CATEGORY	RISK FACTORS	EXPOSURE Is the risk factor present within the job or task?	TIME				SCORE
			0% to 25% of total job time	25% to 50% of time	50% to 100% of time	If total time for job is > 8hrs, add 0.5 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		
	9. Rapid Forearm Rotation	<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 time	50% to 100% of time	If total time for job is > 8hrs, add 0.5 per hour	
	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

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	
Awkward Postures 	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		
	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		

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	
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:	NEAR LIFT	MIDDLE LIFT	FAR LIFT
<p>Determine If the Lift is Near, Middle, or Far (Body to Hands)</p> <ul style="list-style-type: none"> 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. 			

34(b). STEP II:	NEAR LIFT		MIDDLE LIFT		FAR LIFT	
<p>Estimate the Weight Lifted (Pounds)</p> <ul style="list-style-type: none"> 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. 	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:	Factor	Occasional lifts (<1 hr/shift)	Frequent lifts (>1 hr/shift)	
<p>Determine the Points for Other Risk Factors</p> <ul style="list-style-type: none"> 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 	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:				



SAFE WORK
MANITOBA