Quick Check Ergonomics Risk Factor Checklist

RISK FACTOR	<1hr	1-4hr	>4hr	Cause of	Proposed	Comments
				Risk Factor	Solution	
REPETITIVE						
every few seconds	0	1	3			
every few minutes	0	0	1			
LOAD/FORCE (lift)						
>5-15 lbs	0	0	1			
>15-30 lbs	1	1	2			
>30-50 lbs	2	2	2			
>50 lbs@	3	3	3			
LOAD/FORCE (Push/Pull)						
easy	0	0	1			
moderate	0	1	2			
heavy	1	2	3			
LOAD/FORCE (Carry>10 ft)						
>5-15lbs	0	0	1			
>15-30lbs	0	1	2			
>30Ibs	1	2	3			
AWKWARD POSTURES:		_				
Neck/shoulder: overhead/bend	0	1	2			
Extended reach	0	1	2			
Elbow/forearm: twist	0	1	2			
Hand/wrist: bend/pinch	0	1	2			
Trunk: twist/bend	0	1	2			
Knee: squat/kneel	0	1	2			
USE POWER TOOLS	0	1	3			
OSET OWER TOOLS		1	3			
PRESSURE POINTS	0	1	2			
TRESSORE TORVIS		1	2			
SAME POSITION	0	1	2			
		-	_			
ENVIRONMENT cold, hot, light, glare,	0	1	2			
vibration	_	_	_			
CONTINUOUS KEYBOARD USE	0	1	2			
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INCENTIVE WORK or	0	1	2			
NO WORKER CONTROL OVER JOB PACE	0	1	2			
TOTAL Score = 10 or more?						