

ErgoSystems ErgoRED Quick Screen

The ErgoRED Quick Screen allows you to quickly evaluate a task to determine if pertinent ergonomics risk factors are evident. It is **NOT** intended to be a detailed ergonomics analysis – use it as a quick screen. If significant factors are identified use the [Ergonomics Risk Factor Analysis Worksheet](#).








Company:		Date:		Department/ Work Unit:	
Prepared by:		Time:		Safety FYIs/ Injury History:	
Job/Task Observed:		# People Affected:		Employees Observed:	














Reported Issues

Indicate if any ergonomics issues for the job/task have been reported. If checked “YES”, additional evaluation is warranted. You can use the Ergonomics Risk Factor Analysis Worksheet for the more detailed ergonomics analysis.	YES	NO	
	Safety FYI	<input type="checkbox"/>	<input type="checkbox"/>
	Incident Report	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor/Employee	<input type="checkbox"/>	<input type="checkbox"/>	

Posture, Force, Duration and Frequency by Body Part

Use the ergonomics principle of **Neutral Posture** to identify by **Body Part** if out-of-neutral postures exist; and if so, indicate if level of **Force** to accomplish the task is **Light, Mod, Heavy, or Very Heavy**. Next determine if the task requires **Low, Mod or High Duration** (defined as static/sustained effort) and **Low, Mod or High Frequency** (defined as repetitions/minute) to accomplish the task. A rating of “**Heavy**”, “**Very Heavy**”, “**Mod**” or “**High**” indicates the need for use of the [Ergonomics Risk Factor Analysis Worksheet](#) for more detailed ergonomics analysis and intervention.

Body Part	Posture	Force	Duration (static)	Frequency
Neck	<input type="checkbox"/> Look down > 30° <input type="checkbox"/> Look up > 10° <input type="checkbox"/> Side bent > 15° <input type="checkbox"/> Rotated > 20° <div style="display: flex; justify-content: space-around; margin-top: 10px;">     </div>	<input type="checkbox"/> Light: < 5# <input type="checkbox"/> Mod: 5# to 10# <input type="checkbox"/> Heavy: 10# to 20# <input type="checkbox"/> Very Heavy: > 20#	<input type="checkbox"/> Low: < 10 sec <input type="checkbox"/> Mod: 10 to 45 sec <input type="checkbox"/> High: > 45 sec	<input type="checkbox"/> Low: < 0.5/min <input type="checkbox"/> Mod: 0.5 to 5/min <input type="checkbox"/> High: > 5/min
Shoulders	<input type="checkbox"/> Hands at shoulder/above <input type="checkbox"/> Shrugged shoulders <input type="checkbox"/> Reach behind body <div style="display: flex; justify-content: space-around; margin-top: 10px;">    </div>	<input type="checkbox"/> Light: < 5# <input type="checkbox"/> Mod: 5# to 10# <input type="checkbox"/> Heavy: 10 # to 15# <input type="checkbox"/> Very Heavy: >15#	<input type="checkbox"/> Low: < 10 sec <input type="checkbox"/> Mod: 10 to 45 sec <input type="checkbox"/> High: > 45 sec	<input type="checkbox"/> Low: < 0.5/min <input type="checkbox"/> Mod: 0.5 to 5/min <input type="checkbox"/> High: > 5/min

Body Part		Posture				Force	Duration (static)	Frequency
Back	<input type="checkbox"/> Flexed forward >20° <input type="checkbox"/> Extended backward > 20° <input type="checkbox"/> Bent sideways > 20° <input type="checkbox"/> Rotated >20°					<input type="checkbox"/> Light: < 10# <input type="checkbox"/> Mod: 10# to 20# <input type="checkbox"/> Heavy: 20# to 40# <input type="checkbox"/> Very Heavy: >40#	<input type="checkbox"/> Low: < 10 sec <input type="checkbox"/> Mod: 10 to 45 sec <input type="checkbox"/> High: > 45 sec	<input type="checkbox"/> Low: < 0.25/min <input type="checkbox"/> Mod: 0.25 to 3/min <input type="checkbox"/> High: > 3/min
Elbows	<input type="checkbox"/> Fully extended arm <input type="checkbox"/> Rotation of wrists/forearms, palms up/down					<input type="checkbox"/> Light: < 3# <input type="checkbox"/> Mod: 3# to 8# <input type="checkbox"/> Heavy: 8# to 15# <input type="checkbox"/> Very Heavy: >15#	<input type="checkbox"/> Low: < 10 sec <input type="checkbox"/> Mod: 10 to 45 sec <input type="checkbox"/> High: > 45 sec	<input type="checkbox"/> Low: < 0.5/min <input type="checkbox"/> Mod: 0.5 to 5/min <input type="checkbox"/> High: > 5/min
Hands, Wrists, Fingers	<input type="checkbox"/> Wrist flexed/extended > 20° <input type="checkbox"/> Wrist deviated to side > 15° <input type="checkbox"/> Pinch grip <input type="checkbox"/> Power grip					<input type="checkbox"/> Light: < 2# <input type="checkbox"/> Mod: 2# to 5# <input type="checkbox"/> Heavy: 5# to 10# <input type="checkbox"/> Very Heavy: >10#	<input type="checkbox"/> Low: < 10 sec <input type="checkbox"/> Mod: 10 to 45 sec <input type="checkbox"/> High: > 45 sec	<input type="checkbox"/> Low: < 1/min <input type="checkbox"/> Mod: 1 to 5/min <input type="checkbox"/> High: > 5/min
Legs	<input type="checkbox"/> Squatting <input type="checkbox"/> Kneeling <input type="checkbox"/> On one leg/up on toes					<input type="checkbox"/> Light: < 20# <input type="checkbox"/> Mod: 20# to 40# <input type="checkbox"/> Heavy: 40# to 60# <input type="checkbox"/> Very Heavy: >60#	<input type="checkbox"/> Low: < 10 sec <input type="checkbox"/> Mod: 10 to 45 sec <input type="checkbox"/> High: > 45 sec	<input type="checkbox"/> Low: < 0.5/min <input type="checkbox"/> Mod: 0.5 to 3/min <input type="checkbox"/> High: > 3/min

Other Factors	YES	NO	Other Factors	YES	NO
Production/Quality – affected negatively	<input type="checkbox"/>	<input type="checkbox"/>	Contact Stress – hard surface pressure on body from sitting or standing	<input type="checkbox"/>	<input type="checkbox"/>
Training – inadequate safety or process training	<input type="checkbox"/>	<input type="checkbox"/>	Contact Stress – sharp edge pressure on body from workbench or tool, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Vibration – tool use (grinders, sanders, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Tools – incorrect tool or used incorrectly	<input type="checkbox"/>	<input type="checkbox"/>
Vibration – driving vehicles (fork trucks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Task lighting – inadequate task light for inspection	<input type="checkbox"/>	<input type="checkbox"/>
Temperature/Cold – exposure to cold environments	<input type="checkbox"/>	<input type="checkbox"/>	Ambient lighting – too low or high level of ambient lighting	<input type="checkbox"/>	<input type="checkbox"/>
Temperature/Hot – exposure to hot environments	<input type="checkbox"/>	<input type="checkbox"/>	Vision – difficulty in seeing parts/materials	<input type="checkbox"/>	<input type="checkbox"/>