

























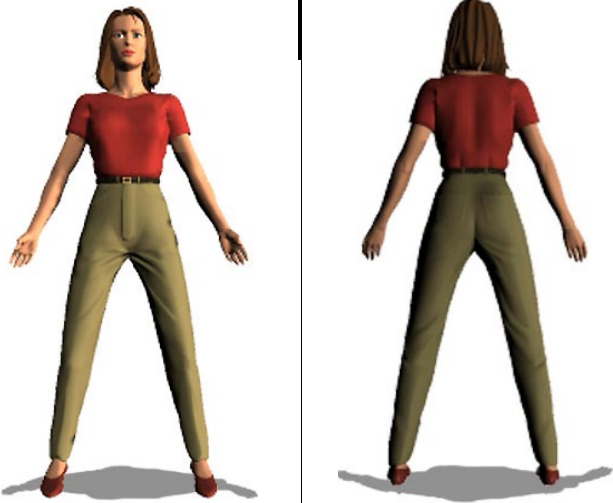
# ErgoSystems Ergonomics Risk Factor Analysis

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

STEP TWO	Head/Neck/Eyes		Shoulders/Upper Back		Back (Mid/Low)		Arms/Elbows		Hands/Wrists/Fingers		Legs/Feet	
<b>Posture</b>												
												
	<input type="checkbox"/> Look down > 30° <input type="checkbox"/> Look up > 10° <input type="checkbox"/> Side bent > 15° <input type="checkbox"/> Rotated > 20°		<input type="checkbox"/> Hands at/above shoulders/head <input type="checkbox"/> Shrugged shoulders <input type="checkbox"/> Reach behind body		<input type="checkbox"/> Flexed forward >20° <input type="checkbox"/> Extended back > 20° <input type="checkbox"/> Bent sideways > 20° <input type="checkbox"/> Rotated >20°		<input type="checkbox"/> Fully extended arm <input type="checkbox"/> Rotation of wrists/forearms, palms up/down		<input type="checkbox"/> Wrist flex/extend > 20° <input type="checkbox"/> Wrist bent to side > 15° <input type="checkbox"/> Pinch grip <input type="checkbox"/> Power grip		<input type="checkbox"/> Squatting <input type="checkbox"/> Kneeling <input type="checkbox"/> On one leg/up on toes	
<b>Force</b>	0	Light: < 5#	0	Light: < 5#	0	Light: < 10#	0	Light: < 3#	0	Light: < 2#	0	Light: < 20#
	1	Mod: 5# to 10#	1	Mod: 5# to 10#	1	Mod: 10# to 20#	1	Mod: 3# to 8#	1	Mod: 2# to 5#	1	Mod: 20# to 40#
	2	Heavy: 10# to 20#	2	Heavy: 10 # to 20#	2	Heavy: 20# to 40#	2	Heavy: 8# to 15#	2	Heavy: 5# to 10#	2	Heavy: 40# to 60#
	3	Very Heavy: > 20#	3	Very Heavy: >20#	3	Very Heavy: >40#	3	Very Heavy: >15#	3	Very Heavy: >10#	3	Very Heavy: >60#
<b>Duration (static)</b>	0	Low: < 10 sec	0	Low: < 10 sec	0	Low: < 10 sec	0	Low: < 10 sec	0	Low: < 10 sec	0	Low: < 10 sec
	1	Mod: 10 to 45 sec	1	Mod: 10 to 45 sec	1	Mod: 10 to 45 sec	1	Mod: 10 to 45 sec	1	Mod: 10 to 45 sec	1	Mod: 10 to 45 sec
	2	High: > 45 sec	2	High: > 45 sec	2	High: > 45 sec	2	High: > 45 sec	2	High: > 45 sec	2	High: > 45 sec
<b>Frequency</b>	0	Low: < 0.5/min	0	Low: < 0.5/min	0	Low: < 0.25/min	0	Low: < 0.5/min	0	Low: < 1/min	0	Low: < 0.5/min
	1	Mod: 0.5 to 5/min	1	Mod: 0.5 to 5/min	1	Mod: 0.25 to 3/min	1	Mod: 0.5 to 5/min	1	Mod: 1 to 5/min	1	Mod: 0.5 to 3/min
	2	High: > 5/min	2	High: > 5/min	2	High: > 3/min	2	High: > 5/min	2	High: > 5/min	2	High: > 3/min

<b>STEP THREE</b>	<b>Score (per body part):</b> total number of checked boxes for <b>Posture</b> plus sum of numbers circled for <b>Force</b> , <b>Duration</b> and <b>Frequency</b> <b>Risk (per body part):</b> for each body part determine risk level depending on the total points for that body part: <b>Low:</b> 0 to 1, <b>Mod:</b> 2 to 3, <b>High</b> > 4											
<b>Score</b>	<b>L</b>	<b>M</b>	<b>H</b>	<b>L</b>	<b>M</b>	<b>H</b>	<b>L</b>	<b>M</b>	<b>H</b>	<b>L</b>	<b>M</b>	<b>H</b>

STEP FOUR	Other Factors	YES	NO
	<b>Production/Quality</b> – Work processes affected negatively	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Training</b> – Inadequate safety or process training	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Vibration</b> – Of hand/arm, related to tool use (grinders, sanders, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Vibration</b> – Of whole body, related to driving vehicles (fork trucks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Temperature/Hot</b> – Exposure to hot environments	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Temperature/Cold</b> – Exposure to cold environments	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Contact Stress</b> –Hard surface pressure on body from sitting or standing	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Contact Stress</b> – Sharp edge pressure on body from workbench, tool, etc.	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Tools</b> – Incorrect tool or tool used incorrectly	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Task lighting</b> – Inadequate task light for inspection	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Ambient lighting</b> – Too low or too high level of ambient lighting	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Vision</b> – Difficulty in seeing parts/materials to assemble or inspect	<input type="checkbox"/>	<input type="checkbox"/>

STEP FIVE	Discomfort Survey/Employee Input																									
<p><b>Complete survey based on average workday.</b> Employee Comments:</p> <p>Indicate left and right side using Key below:</p> <p><b>0= NONE/MINIMAL:</b> Some discomfort, able to reasonable cope while performing general tasks</p> <p><b>1=MODERATE:</b> Moderate discomfort, some difficulty in performing general activities.</p> <p><b>2=SEVERE:</b> Significant difficulty in performing general activities.</p> <p><b>3=MAX:</b> Maximum discomfort (unable to function, admitted to the hospital.)</p>																										
	<table border="1"> <thead> <tr> <th>Body Part</th> <th>Left</th> <th>Right</th> </tr> </thead> <tbody> <tr> <td>A. Head/Neck/Eyes</td> <td></td> <td></td> </tr> <tr> <td>B. Shoulders/Upper Back</td> <td></td> <td></td> </tr> <tr> <td>C. Back (Mid/Low)</td> <td></td> <td></td> </tr> <tr> <td>D. Arms/Elbows</td> <td></td> <td></td> </tr> <tr> <td>E. Hands/Wrists/Fingers</td> <td></td> <td></td> </tr> <tr> <td>F. Legs/Feet</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Left ( ) + Right ( ) = ( )</td> </tr> </tbody> </table>	Body Part	Left	Right	A. Head/Neck/Eyes			B. Shoulders/Upper Back			C. Back (Mid/Low)			D. Arms/Elbows			E. Hands/Wrists/Fingers			F. Legs/Feet			Left ( ) + Right ( ) = ( )			
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STEP SIX	Total Score	STEP SEVEN	Action Plan			
		Corrective Action	Responsible Person(s)	Due Date	Status	
Head/Neck/Eyes					<input type="checkbox"/>	Not Started
Shoulders/Upper Back					<input type="checkbox"/>	In Process
Back (Mid/Low)					<input type="checkbox"/>	Completed
Arms/Elbows					<input type="checkbox"/>	Not Started
Hands/Wrists/Fingers					<input type="checkbox"/>	In Process
Legs/Feet					<input type="checkbox"/>	Completed
Other Factors					<input type="checkbox"/>	Not Started
Discomfort Survey					<input type="checkbox"/>	In Process
<b>TOTAL SCORE</b>					<input type="checkbox"/>	Completed

SCORING KEY: **LOW:** 0 to 15    **MOD:** 16 to 30    **HIGH:** > 30

CURRENT MAJOR STEPS	ERGONOMICS ISSUES	POTENTIAL SOLUTIONS
<b>MISC NOTES</b>		
<b>FOLLOW-UP</b>		