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| **Equipment Checklist** |

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| **Company:** | Click or tap here to enter text. | **Workstation Name:** | Click or tap here to enter text. |
| **Prepared by:** | Click or tap here to enter text. | **Department:** | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. | **Document Number:** | Click or tap here to enter text. |

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| **"YES" response indicates potential problem areas that should receive further investigation.** |
| **Foot/knee control pedals** |
| 1. Does the operator have to operate foot/knee pedals while standing?
 | Select YES or NO. |
| 1. To operate foot pedals or knee switches, must the worker assume an unnatural or uncomfortable posture?
 | Select YES or NO. |
| 1. Are pedals too small to allow the operator to alter the position of the foot/knee?
 | Select YES or NO. |
| 1. Are pedals triggered at a high repetition rate?
 | Select YES or NO. |
| **Hand Controls** |
| 1. Hand controls placed to **not** allow neutral hand/arm/body position?
 | Select YES or NO. |
| 1. Hand controls difficult (require excessive force) to operate?
 | Select YES or NO. |
| 1. Hand controls not properly designed to take into account amount and types of force required for operation?
 | Select YES or NO. |
| 1. Do workers have to exert high levels of power grip force to operate equipment?
 | Select YES or NO. |
| 1. Do workers have to exert high levels of pinch grip force to operate equipment?
 | Select YES or NO. |
| **Position - Sustained/Awkward** |
| 1. To operate equipment, must worker maintain same body posture (either sitting or standing) all or most of the time?
 | Select YES or NO. |
| 1. Is the pace of material handling determined by the equipment? (Feeding machines, conveyors, etc.)
 | Select YES or NO. |
| 1. Does equipment operation require worker to repeat same movement pattern of arm/hand at a high rate of speed?
 | Select YES or NO. |
| 1. Does equipment operation require continuous use (or nearly so) of both hands and both feet in order to operate controls or manipulate work object?
 | Select YES or NO. |
| **Vibration - Whole body** |
| 1. Is the body as a whole subjected to vibration from exposure to or operation of the equipment?
 | Select YES or NO. |
| **Equipment Preventive Maintenance** |
| 1. Is there **not** a regular maintenance schedule?
 | Select YES or NO. |
| 1. Is the equipment designed or placed in such a way that cleaning and maintenance activities are **not** facilitated?
 | Select YES or NO. |