

General Ergonomic Risk Analysis Checklist

Reference	Company	Date	
	Department/Work area	Assessment by	
Manual material handling	Is there lifting of loads, tools, or parts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is there lowering of tools, loads, or parts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is there overhead reaching for tools, loads, or parts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is there bending at the waist to handle tools, loads, or parts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is there twisting at the waist to handle tools, loads, or parts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical energy demands	Do tools and parts weigh more than 10lb?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is reaching greater than 20 in.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is bending, stooping, or squatting a primary task activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is lifting or lowering loads a primary task activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is walking or carrying loads a primary task activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is stair or ladder climbing with loads a primary task activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is pushing or pulling loads a primary task activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is reaching overhead a primary task activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of the above tasks require five or more complete work cycles to be done within a minute?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do workers complain that rest breaks and fatigue allowances are insufficient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other musculoskeletal demands	Do manual jobs require frequent, repetitive motions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do work postures require frequent bending of the neck, shoulder, elbow, wrist, or finger joints?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	For seated work, do reaches for tools and materials exceed 15" from the worker's position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is the worker unable to change his or her position often?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does the work involve forceful, quick, or sudden motions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does the work involve shock or rapid buildup of forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is finger-pinch gripping used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do job postures involve sustained muscle contraction of any limb?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Computer workstations	Do operators use computer workstations for more than 4 hours a day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are there complaints of discomfort from those working at these stations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Environment	Is the temperature too hot or too cold?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are the worker's hands exposed to temperatures less than 70 degrees Fahrenheit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is the workplace poorly lit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is there glare?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is there excessive noise that is annoying, distracting, or producing hearing loss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is there upper extremity or whole body vibration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is air circulation too high or too low?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

General workplace	Are walkways uneven, slippery, or obstructed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is housekeeping poor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is there inadequate clearance or accessibility for performing tasks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are stairs cluttered or lacking railings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is proper footwear worn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tools	Is the handle too small or too large?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does the handle shape cause the operator to bend the wrist in order to use the tool?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is the tool hard to access?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does the tool weigh more than 10 lbs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does the tool vibrate excessively?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does the tool cause excessive kickback to the operator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does the tool become too hot or too cold?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gloves	Do the gloves require the worker to use more force when performing job tasks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do the gloves provide inadequate protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do the gloves present a hazard of catch points on the tool or in the workpiece?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administration	Is there little worker control over the work process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is the task highly repetitive and monotonous?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does the job involve critical tasks with high accountability and little or no tolerance for error?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are work hours and breaks poorly organized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Notes