function —— *of beauty*   # EHS Ergonomic Evaluation Checklist

Instructions:
1. **Use this checklist to evaluate ergonomic hazards in work areas.**
2. **Evaluation(s) should be as specific to an individual task or job types as is appropriate.**
3. **Completed checklist(s) should be turned in to the EHS Department for evaluation.**

Facility (by FOB #)	
Location in Facility:	
Job or task:	
Name	
Incident to Injury Y N	

Manual Materials Handling			Risk Level		
	No	**Yes**	**Lo**	**Med**	**Hi**
Are loads, tools, or parts lifted manually?			1	2	3
Are loads, tools, or parts lowered manually?			1	2	3
Are tools, loads, or parts at an extended reach?			1	2	3
Does obtaining tools, loads, or parts require bending at the waist?			1	2	3
Does obtaining tools, loads, or parts require twisting at the waist?			1	2	3
Do manual tasks require short period repetition?			1	2	3

Comments:

Physical Energy Demands			Risk Level		
	No	Yes	Lo	Med	Hi
Do tools, loads, or parts weigh more than 10lbs?			1	2	3
Is reaching greater than 20in a primary activity?			1	2	3
Is bending, stooping, or squatting a primary activity?			1	2	3
Is lifting and lowering loads, tools, or parts a primary activity?			1	2	3
Is walking or carrying loads, tools, or parts a primary activity?			1	2	3
Is stair or ladder climbing a primary activity?			1	2	3
Is pushing or pulling loads, tools, or parts a primary activity?			1	2	3
Is reaching overhead a primary activity?			1	2	3
Do any of the above tasks require short period repetition?			1	2	3
Do employees report that rest breaks or are insufficient?			1	2	3
Do tasks require frequent bending of the neck, shoulder, elbow, wrist, or fingers or other joints?			1	2	3
Do tasks require reaching more than 15in from a seated position?			1	2	3
Are employees able to change position (seated or standing) often?			1	2	3
Do tasks involve forceful, quick, or sudden motions?			1	2	3
Do tasks involve physical shock or rapid buildup of forces?			1	2	3
Do tasks require "finger-pinch" gripping?			1	2	3
Do task postures involve sustained muscle contraction of any limb?			1	2	3

Comments:

Computer Workstation(s)			Risk Level		
	No	Yes	Lo	Med	Hi
Is a computer workstation used for more than 4hrs a day?			1	2	3
Do employee(s) complain of discomfort at a workstation(s)?			1	2	3
Are desk chairs (if present) fully adjustable and in good repair?			1	2	3
Are peripheral holders or desk surfaces adjustable?			1	2	3
Does glare at the workstation(s) cause monitor(s) to be hard to read?			1	2	3
Do electrical cords or other portions of the workstation present a tripping hazard?			1	2	3
Is electrical equipment exposed to a wet or damp environment?			1	2	3

Comments:

Personal Protective Equipment			Risk Level		
	No	Yes	Lo	Med	Hi
Is all PPE in use appropriate for tasks related to this checklist?			1	2	3
Is employee(s) utilizing all appropriate PPE at all times?			1	2	3
Is additional PPE required based on the SDSs of any hazardous materials?			1	2	3
Is PPE appropriate for work temporary or continuing unrelated work performed in the vicinity?			1	2	3
Is the use of PPE enforced by supervisors related to this checklist?			1	2	3

Comments:

Environment			Risk Level		
	No	Yes	Lo	Med	Hi
Is the room temperature too hot or too cold?			1	2	3
Is the temperature around equipment too hot or too cold?			1	2	3
Are employee's hands exposed to temperatures lower than 70℉?			1	2	3

	No	Yes	Lo	Med	Hi
Is the work area adequately lit in all areas?			1	2	3
Does lighting cause excessive glare from surfaces?			1	2	3
Is there excessive noise that rises above 90 dBA?			1	2	3
Is there excessive vibration in the work area that will affect a worker's whole body?			1	2	3
Is there excessive vibration in the work area that will affect a worker's upper body or extremities?			1	2	3
Is adequate air circulation maintained?			1	2	3
			1	2	3

Comments:

General Workplace & Administration			**Risk Level**		
	No	**Yes**	**Lo**	**Med**	**Hi**
Are all walkways in good condition?			1	2	3
Are good housekeeping procedures in place and practiced?			1	2	3
Is there adequate clearance and accessibility for the tasks performed?			1	2	3
Does employee(s) wear appropriate footwear?			1	2	3
Do workers have control over the work processes for tasks related to this evaluation?			1	2	3
Are there tasks that are highly repetitive or monotonous?			1	2	3
Does the job involve critical tasks with high accountability and little or no tolerances for errors?			1	2	3
Are work hours, break periods, and job rotation poorly organized?			1	2	3

Comments:

Tools Evaluation

Instructions:

1. **Use this checklist to evaluate ergonomic hazards of tools used in these work areas.**
2. **Evaluation(s) should be as specific to the individual task(s) or job type(s) evaluated in the remainder of this form.**
3. **Completed checklist(s) should be turned in to the EHS Department for evaluation.**

Minimizing Exposure			Risk Level		
Are tools selected to limit exposure to:	No	Yes	Lo	Med	Hi
Excessive vibration?			1	2	3
Use of excessive force?			1	2	3
Bending or twisting of the wrist?			1	2	3
Finger pinch grip?			1	2	3
Problems associated with "trigger" finger?			1	2	3

Comments:

Tools			Risk Level		
	No	Yes	Lo	Med	Hi
Are tools powered where feasible?			1	2	3
Are tools evenly balanced?			1	2	3
Are heavy tools suspended or counterbalanced in ways to facilitate use?			1	2	3
Does the tool allow adequate visibility of the work?			1	2	3
Does he tool grip or handle prevent slipping during use?			1	2	3
Does the tool grip or handle prevent slipping during use?			1	2	3
Are tools equipped with handles of textured, non-conductive material?			1	2	3
Are handle sizes available to fit a wide range of hand sizes?			1	2	3
Is the toll handle designed not to dig into the palm of the hand?			1	2	3
Can the tool be used safely with gloves?			1	2	3

Tools (Continued)		Risk Level			
	No	Yes	Lo	Med	Hi
Can either hand use the tool?			1	2	3
Is there a preventative maintenance program to keep tools operating as designed?			1	2	3
Have employees been trained in the proper use of tools?			1	2	3
Have employees been trained when and how to report problems with tools?			1	2	3
Have employees been trained in proper tool maintenance?			1	2	3

Comments:

Overall Comments Related to this Checklist:

Completed By:_____Date Completed_____/_____/_____

Signature:_____