
Employee Input on Potential Ergonomics-Related Hazards

This ergonomics-related hazard identification tool is provided to help you identify if your job or task has ergonomics-related hazards which **may** increase the risk of developing a musculoskeletal injury (MSI). This tool only identifies whether ergonomics-related hazards exist. It does **not** assess the level of risk, and this tool alone should not be used to determine if ergonomics-related hazard controls should be implemented.

IMPORTANT – READ THIS BEFORE USING THIS TOOL

- *This tool alone is not enough to determine if ergonomics-related hazard controls should be implemented and should be used with other hazard identification methods such as analysis of injury, and incident and first aid reports.*
- *This tool **IS NOT** intended to be used for:*
 - *Return to work*
 - *Job placement/worker selection*
 - *Assessing the work relatedness of an injury or disorder*

Instructions

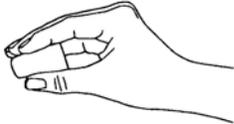
1. Document the job title or task, the date and your name (optional).
2. Consider whether you think the objects are heavy, or the task is difficult/tiring.
3. Consider whether you perform a task repeatedly or for a long period of time.
4. Consider whether you adopt an awkward posture repeatedly or for a long period of time.
5. Check the appropriate box(es) that apply to the job/task
 - a. Only make a check mark when the specific hazard exists and when you believe that it is difficult, tiring, heavy, done repeatedly, or done for a long time.
6. Write notes for any identified hazard to clarify the task or activity where it occurs.
7. Return the completed forms to your manager/supervisor or health and safety representative or health and safety committee member.

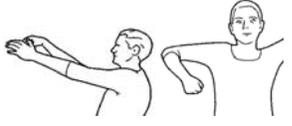
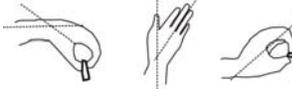
Note:

If the physical demands related to the activity vary from day to day, due to different products/services being produced or provided, complete the checklist considering a more demanding day and then reuse the tool for a typical day.

Some ergonomics-related hazards, (e.g. lighting, aspects of work organization) are not addressed in this tool. If these or other ergonomics-related hazards exist, make note of them and any other concerns.

Employee Input on Ergonomics-Related Hazards

JOB/TASK INFORMATION:		
JOB TITLE OR TASK:		
DATE COMPLETED:	COMPLETED BY (optional):	
GENERAL COMMENTS:		
MUSCULOSKELETAL INJURY (MSI) HAZARDS – GRIPPING		Check if required
Pinch gripping 	Work with unsupported objects(s).	<input type="checkbox"/>
	Find it difficult/tiring holding or manipulating object(s).	<input type="checkbox"/>
	Find it difficult/tiring squeezing to open/close.	<input type="checkbox"/>
Power gripping 	Work with unsupported heavy object(s).	<input type="checkbox"/>
	Find it difficult/tiring holding or manipulating object(s).	<input type="checkbox"/>
	Find it difficult/tiring squeezing to open/close.	<input type="checkbox"/>
	Notes:	
MSI HAZARDS – FORCE		Check if required
Lifting/Lowering (Consider both one and two handed lifting/lowering)	Work with an object that is heavy/difficult to lift/lower.	<input type="checkbox"/>
	Work with an object that is lifted/lowered repeatedly.	<input type="checkbox"/>
	Work with an object that is above the shoulders.	<input type="checkbox"/>
	Work with an object that is below the knees.	<input type="checkbox"/>
	Work with an object that is far away from the belly button.	<input type="checkbox"/>
	Work with loads that are unstable, unbalanced, uncooperative, or unpredictable.	<input type="checkbox"/>
	Work with lifting/lowering postures that are awkward (bend, twist, kneel, reach, sit).	<input type="checkbox"/>
	Notes:	

MSI HAZARDS – FORCE		Check if required
Pushing/Pulling (Consider one and two handed pushing/pulling. Also, consider whole body and arms/upper body only pushing/pulling)	Object feels hard/difficult to push/pull.	<input type="checkbox"/>
	Pushing/pulling is performed repeatedly.	<input type="checkbox"/>
	Object is pushed with hands above the shoulders.	<input type="checkbox"/>
	Object is pushed with hands below the waist.	<input type="checkbox"/>
	Pushing/pulling postures are awkward (bend, twist, kneel, reach, sit).	<input type="checkbox"/>
	Notes:	
MSI HAZARDS – AWKWARD/FIXED POSTURE		Check if required
Awkward Posture (Do you frequently assume these postures and/or hold them for a long time?) 	Work with neck bent forward (chin close to chest).	<input type="checkbox"/>
	Work with neck bent to one side (ear close to shoulder).	<input type="checkbox"/>
	Work with neck twisted to either side/chin close to shoulder.	<input type="checkbox"/>
	Work with neck bent back.	<input type="checkbox"/>
	Work with neck bent forward and chin out (head forward).	<input type="checkbox"/>
	Work with hand(s) at/or above the head.	<input type="checkbox"/>
	Work with elbow(s) at/or above the shoulder.	<input type="checkbox"/>
	Work with elbows/hands behind the body.	<input type="checkbox"/>
	Work while sitting or standing with the back noticeably bent forward, sideways or twisted.	<input type="checkbox"/>
	Work with back noticeably bent backward with no support for the back.	<input type="checkbox"/>
	Work while squatting/kneeling.	<input type="checkbox"/>
	Work with wrist noticeably bent down or up.	<input type="checkbox"/>
	Work with wrist noticeably bent to the side (toward thumb/little finger).	<input type="checkbox"/>
	Work with hand turned so palm faces fully up or down.	<input type="checkbox"/>
Fixed Posture	Work while sitting for long periods without standing (office work, driving).	<input type="checkbox"/>
	Work while standing still on a hard surface for a long period of time.	<input type="checkbox"/>

MSI HAZARDS – REPETITION		Check if required
Repetition (Do you repetitively move the same body part – with little opportunity for recovery?)	Work while performing the same neck motions repeatedly.	<input type="checkbox"/>
	Work while performing the same shoulder motions repeatedly.	<input type="checkbox"/>
	Work while performing the same elbow motions repeatedly.	<input type="checkbox"/>
	Work while performing the same wrist motions repeatedly.	<input type="checkbox"/>
	Work while performing the same hand/finger motions repeatedly.	<input type="checkbox"/>
	Work while performing intensive keyboarding.	<input type="checkbox"/>
	Work while performing intensive mousing.	<input type="checkbox"/>
MSI HAZARDS – OTHER		Check if required
Related impacts	Use my hand or knee as a hammer.	<input type="checkbox"/>
Contact Stress	Tool handle digs into my hand/palm.	<input type="checkbox"/>
	Workstation/equipment edges/products dig into my body (hand, forearms, trunk, thighs).	<input type="checkbox"/>
Hand-Arm Vibration	Work with vibrating tools (impact wrenches, carpet stripper, chainsaw, jackhammers, riveting hammers, grinders, sanders, jig saws, jack-leg drills).	<input type="checkbox"/>
Whole-Body Vibration	Operate mobile equipment/vehicles on rough, uneven surfaces.	<input type="checkbox"/>
Cold/Hot Temperatures	Work in an environment that is cold, my hand/arms are exposed to cold air.	<input type="checkbox"/>
	Work in an environment that is hot/humid.	<input type="checkbox"/>