

# Ergonomic Hazards Checklist

Job Observed: \_\_\_\_\_

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

**A “yes” answer to a question indicates the possibility of an adverse health effect and the need to assess the potential risk.**

RISK IDENTIFICATION		Yes	No	Comments
<b>Records of Injuries</b>	Are there records of injuries or accidents to indicate a risk of adverse health effects due to ergonomic factors in the task being evaluated?			
<b>Employee Comments</b>	Are there employee comments to indicate a risk of adverse health effects due to ergonomic factors in the job or task being evaluated?			
<b>Physical Demands of Work Tasks</b>	Is forceful physical handling such as carrying, lifting, lowering, pushing, pulling a part of the job?			
	Are there contact forces exerted on to the body?			
	Does the employee have difficulty gripping an object or tool, which has a smooth, slippery surface? (i.e., oily part)			
	Are objects handled with a pinch grip?			
	Does the work involve repetitive motions or many similar movements?			
	Is the work fast-paced or controlled by a machine or process?			
	Are employees required to sit or stand continuously for more than two hours or in total for more than three hours in the shift?			
	Does the task require that any part of the body be maintained in a static posture?			
	Does the task require the employee to work with any body part in an awkward position instead of a neutral one?			
<b>Layout and Condition of the Workplace or Workstation</b>	Do working heights or reaches cause employees to bend or reach beyond a comfortable range?			
	Does the workplace layout require awkward or extreme movements?			
	Does the layout of the workstation restrict movements of the body, for example, by limiting leg room?			
	Do observations indicate problems with the design of seating?			
	Are employees unsure of how to adjust their workstations?			
	Do floors or sloped surfaces such as ramps pose a risk of slipping, cause problems for employees who stand on them for long periods, or cause problems for pushing or pulling objects?			

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RISK IDENTIFICATION		Yes	No	Comments
<b>Characteristics of Objects Handled</b>	Are there problems handling an object due to its size, shape or weight?			
	Are there problems handling an object due to its condition? For example, is the object fragile, unbalanced, or non-rigid?			
	Are handles on containers an inappropriate size or shape, or not strong enough for the weight and size of the object?			
	Are handles for tools or equipment inappropriate in size, shape or height?			
	Is vibration from the tool or equipment transmitted to the operator's hand/arm?			
	Is the palm or base of the hand used like a hammer for striking?			
	Do objects, tools or parts of the workstation with hard, sharp or uneven surfaces put pressures on any body part?			
<b>Environmental Conditions</b>	Is the employee exposed to extreme temperatures (i.e., hot or cold)?			
	Are any parts of the body exposed to cold from exhaust air, cold liquids or other objects?			
	Do employees assume awkward postures to overcome problems associated with glare, inadequate lighting or poor visibility?			
	Is the employee's whole body exposed to vibration for significant portions of the workshift?			
<b>Work Clothing and PPE</b>	If the employee wears gloves, do the gloves hinder gripping or restrict movement?			
	Do records, employee comments or observations indicate fatigue or postural problems from the use of personal protective equipment?			
<b>Characteristics of the Organization of the Work</b>	Are there indications of excessive fatigue or pain, or symptoms of adverse health effects due to extended work days or overtime?			
	Are there indications of excessive fatigue or adverse health effects due to shiftwork or piecework?			
	Is there build-up of fatigue or a risk of adverse health effects due to insufficient rest periods or task variety?			
	Are tasks in a job rotation program similar to one another, and therefore not providing a variation in movements?			
	Do peak workloads or sudden increases in pace occur with the task?			

Adopted from Workers Compensation Board, British Columbia, Canada [www.worksafebc.com](http://www.worksafebc.com)

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