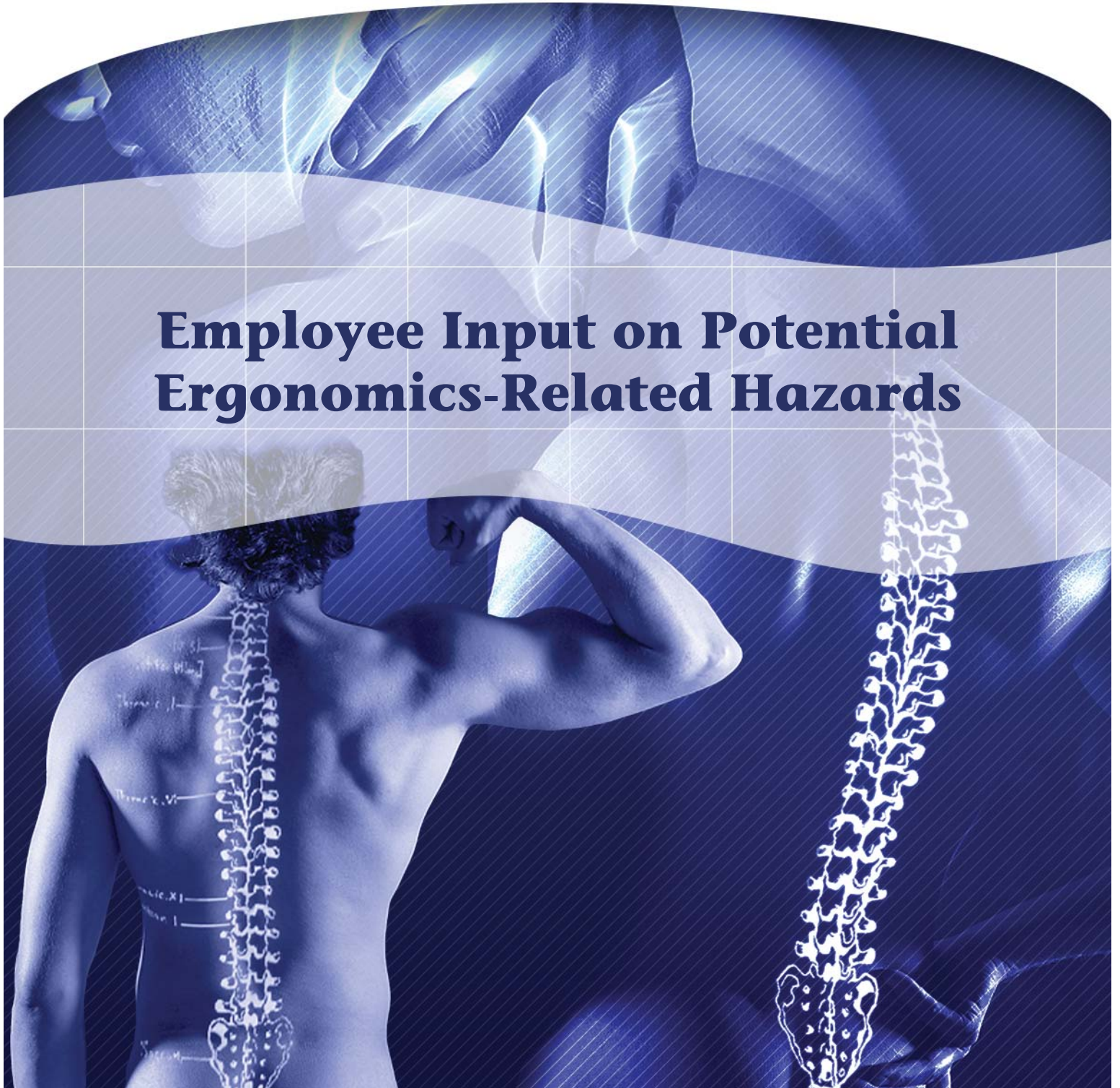




Fair, Safe and Productive Workplaces

Labour

Employee Input on Potential Ergonomics-Related Hazards



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 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, 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"/> |