# General Ergonomic Risk Analysis Checklist

Check the box () if your answer is “yes” to the question. A “yes” response indicates that an ergonomic risk factor may be present which requires further analysis.

**Manual Material Handling**

Is there lifting of loads, tools, or parts?

Is there lowering of tools, loads, or parts?

Is there overhead reaching for tools, loads,or parts?

Is there bending at the waist to handle tools, loads, or parts?

Is there twisting at the waist to handle tools, loads, or parts?

For further analysis, refer to the Materials Handling Checklist.

**Physical Energy Demands**

Do tools and parts weigh more than 10 lb?

Is reaching greater than 20 in.?

Is bending, stooping, or squatting a primary task activity?

Is lifting or lowering loads a primary task activity?

Is walking or carrying loads a primary task activity?

Is stair or ladder climbing with loads a primary task activity?

Is pushing or pulling loads a primary task activity?

Is reaching overhead a primary task activity?

Do any of the above tasks require five or more complete work cycles to be done within a minute?

Do workers complain that rest breaks and fatigue allowances are insufficient?

For further analysis, refer to the Materials Handling Checklist.

**Other Musculoskeletal Demands**

Do manual jobs require frequent, repetitive motions?

Do work postures require frequent bending of the neck, shoulder, elbow, wrist, or finger joints?

For seated work, do reaches for tools and materials exceed 15 in. from the worker’s position?

Is the worker unable to change his or her position often?

Does the work involve forceful, quick, or sudden motions?

Does the work involve shock or rapid buildup of forces?

Is finger-pinch gripping used?

Do job postures involve sustained muscle contraction of any limb?

For further analysis, refer to the Workstation Checklist, Task Analysis Checklist, and the Handtool Analysis Checklist.

**Computer Workstation**

Do operators use computer workstations for more than 4 hours a day?

Are there complaints of discomfort from those working at these stations?

Is the chair or desk nonadjustable?

Is the display monitor, keyboard, or document holder nonadjustable?

Does lighting cause glare or make the monitor screen hard to read?

Is the room temperature too hot or too cold?

Is there irritating vibration or noise?

For further analysis, refer to the Computer Workstation Checklist.

**Environment**

Is the temperature too hot or too cold?

Are the worker’s hands exposed to temperatures less than 70 degrees Fahrenheit?

Is the workplace poorly lit?

Is there glare?

Is there excessive noise that is annoying, distracting, or producing hearing loss?

Is there upper extremity or whole body vibration?

Is air circulation too high or too low?

**General Workplace**

Are walkways uneven, slippery, or obstructed?

Is housekeeping poor?

Is there inadequate clearance or accessibility for performing tasks?

Are stairs cluttered or lacking railings?

Is proper footwear worn?

**Tools**

Is the handle too small or too large?

Does the handle shape cause the operator to bend the wrist in order to use the tool?

Is the tool hard to access?

Does the tool weigh more than 9 lb?

Does the tool vibrate excessively?

Does the tool cause excessive kickback to the operator?

Does the tool become too hot or too cold?

For further analysis, refer to the Handtool Analysis Checklist.

**Gloves**

Do the gloves require the worker to use more force when performing job tasks?

Do the gloves provide inadequate protection?

Do the gloves present a hazard of catch points on the tool or in the workplace?

**Administration**

Is there little worker control over the work process?

Is the task highly repetitive and monotonous?

Does the job involve critical tasks with high accountability and little or no tolerance for error?

Are work hours and breaks poorly organized?