


Assembly Line Ergonomics Checklist: Manufacturing Workplace Health & Safety Practices

 Show only Checklist

Display Style
Default 

Workstation Layout & Design

Assesses the physical arrangement of the workstation for optimal reach, posture, and movement.

Work Surface Height (inches)

Enter a number...

Distance to Nearest Frequently Used Tool (inches)

Enter a number...



Work Surface Material

- Wood
- Metal
- Anti-Fatigue Mat
- Other

Reach Distance Assessment

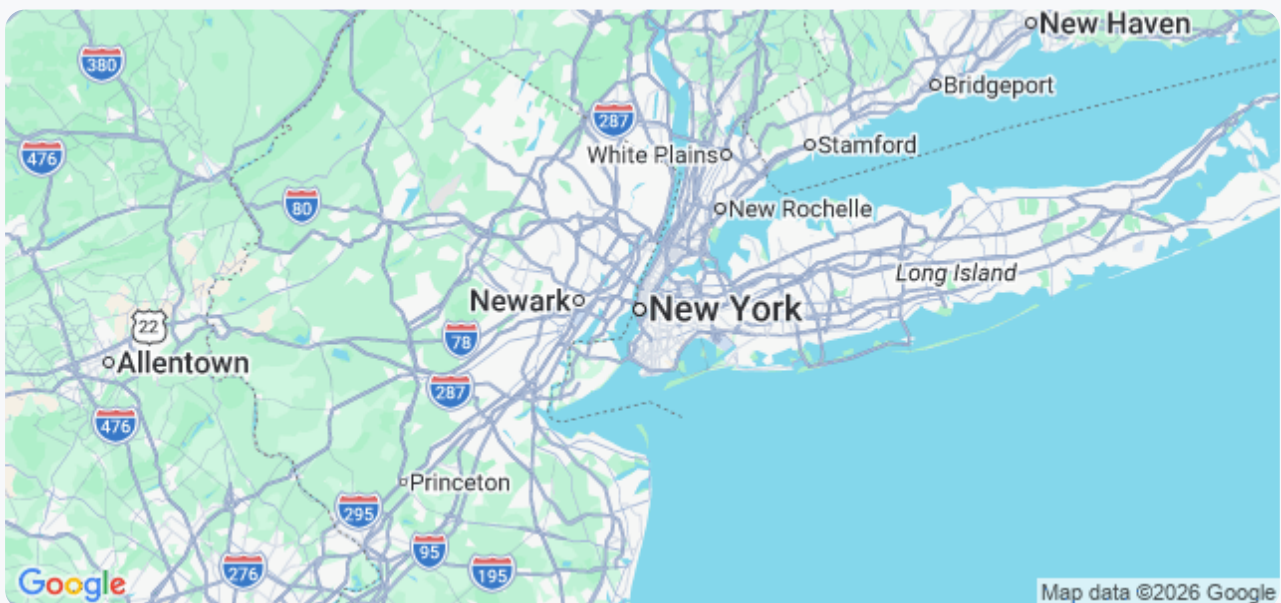
- Optimal
- Requires Adjustment
- Excessive Reach

Notes on Workstation Layout

Write something...

Workstation Coordinates

 [Set My Current Location](#)



Tool and Equipment Assessment

Evaluates the design and usability of tools and equipment to minimize strain and repetitive motions.

Tool Weight Adjustment

- Appropriate
- Too Heavy
- Too Light

Handle Diameter (mm)

Enter a number...

Tool Grip Comfort

- Comfortable
- Somewhat Comfortable
- Uncomfortable

Describe any difficulties encountered using the tool.

Write something...

Upload photo of tool/equipment.

 Upload File

Equipment Vibration Level

- Acceptable
- Noticeable
- Excessive

Material Handling Procedures

Reviews methods for lifting, carrying, and positioning materials to reduce risk of injury.

Average Lift Weight (lbs)

Enter a number...

Frequency of Lifting (lifts/hour)

Enter a number...

Lifting Method (Manual, Assisted, Automated)

- Manual
- Assisted (e.g., hoist)
- Automated (e.g., conveyor)

Handling Aids Used (Check all that apply)

- Hand Trucks
- Pallet Jacks
- Forklifts
- Hoists
- Dollies
- None

Describe Material Handling Procedure

Write something...

Employee Training Status

- Trained
- Not Trained

Worker Posture and Body Mechanics

Observes worker posture and movement patterns during assembly tasks.

Reach Distance (inches)

Enter a number...

Typical Body Posture Observed (select one)

- Upright
- Forward Lean
- Bending
- Twisting
- Awkward Position

Describe any unusual body movements observed.

Write something...

Level of Trunk Bending (select one)

- Minimal
- Moderate
- Significant

Frequency of Repetitive Bending/Twisting (times/minute)

Enter a number...

Notes on worker comfort levels (verbal feedback)

Write something...

Repetitive Motion Analysis

Identifies and assesses tasks involving highly repetitive movements.

Estimated Cycles Per Hour

Enter a number...

Primary Motion Type (e.g., Wrist Flexion, Shoulder Rotation)

- Wrist Flexion/Extension
- Shoulder Rotation
- Elbow Flexion/Extension
- Finger/Thumb Movements
- Other (Specify in Long Text)

Description of Repetitive Motion (if 'Other' selected above)

Write something...

Average Duration of Repetitive Motion Cycle (seconds)

Enter a number...

Potential Risk Factors Observed (Check all that apply)

- Awkward Posture
- Excessive Force
- High Repetition Rate
- Lack of Breaks
- Insufficient Training

Worker Comments/Concerns Regarding Repetitive Motion

Write something...

Immediate Action Required (if any)

- None
- Adjust Workstation Height
- Modify Task Sequence
- Provide Assistive Device
- Provide Additional Training

Lighting and Visibility

Evaluates adequate lighting conditions and worker visibility to minimize errors and strain.

Ambient Light Level (Lux)

Enter a number...

Light Source Type

- LED
- Fluorescent
- Incandescent
- Natural
- Other

Visibility Issues Observed

- Glare
- Shadows
- Reflections
- Insufficient Illumination
- None

Specific Areas with Poor Visibility

Write something...

Date of Last Lighting Inspection

Enter date...

Training and Education

Confirms workers have received appropriate training on ergonomic principles and safe work practices.

Training Module Completion (Ergonomics 101)

- Completed
- In Progress
- Not Started

Date of Last Ergonomics Training

Enter date...

Hours of Ergonomics Training Received (Total)

Enter a number...

Supervisor Confirmation of Training Adequacy

- Yes
- No

Notes on Employee Understanding of Ergonomic Principles

Write something...

Personal Protective Equipment (PPE)

Verifies the availability and proper use of PPE, where applicable.

Required PPE for Task

- Safety Glasses
- Gloves
- Hearing Protection
- Respirator
- Safety Shoes
- Face Shield
- Apron

Condition of Safety Shoes (1-10, 10=Excellent)

Glove Type

- Nitrile
- Latex
- Leather
- Cut-Resistant

Respirator Fit Test Date (if applicable)

Last Inspection Date of Safety Glasses

Feedback and Continuous Improvement

Establishes a system for workers to provide feedback and contribute to ongoing ergonomic improvements.

Worker Suggestions for Ergonomic Improvements

Write something...

Number of Ergonomic Issues Reported This Period

Enter a number...

Were Workers Satisfied with Recent Ergonomic Adjustments?

Yes

No

Neutral

Date of Last Ergonomics Review Meeting

Enter date...

Which areas require further investigation based on feedback?

- Workstation Layout
- Tooling
- Material Handling
- Training

Summary of Action Items from Review Meeting

Write something...