

# Ergonomic Assessment Checklist

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## Workstation Setup

Evaluates the basic layout and arrangement of the workstation to minimize awkward postures and reach distances.

**Work Surface Height (inches)**

Enter a number...

**Chair Height (inches)**

Enter a number...



### Distance from monitor to eye (inches)

Enter a number...

### Monitor Position (Relative to User)

- Directly in front
- Slightly to the left
- Slightly to the right
- Angled
- Other (specify)

### Keyboard Placement

- Positioned flat and stable
- Angled (positive or negative)
- Requires excessive reach
- Other (specify)

### Workstation Accessories Present?

- Footrest
- Wrist rest
- Document holder
- Keyboard tray
- None

### Describe any specific workstation layout concerns

Write something...

# Material Handling

Assesses the methods used to move and position materials, considering weight, frequency, and distance.

## Maximum Weight Lifted (kg/lbs)

Enter a number...

## Average Distance Materials are Moved (meters/feet)

Enter a number...

## Method of Material Handling (Check all that apply)

- Manual Lifting
- Forklift
- Cart/Hand Truck
- Conveyor System
- Other (Specify)

## Describe any assistive devices used for material handling:

Write something...

### What is the typical frequency of material handling tasks?

- Rarely
- Occasionally
- Frequently
- Constantly

### Are materials stored within easy reach?

- Yes
- No
- Partially

### Describe any observed awkward postures or movements during material handling:

Write something...

## Repetitive Tasks

Examines tasks involving repetitive motions, force, and duration to identify potential strain risks.

### Repetitions per Minute (RPM)

Enter a number...

### Cycle Time (seconds)

Enter a number...

### Force Level (Low, Medium, High)

- Low
- Medium
- High

### Detailed Description of Repetitive Task

Write something...

### Body Parts Involved (check all that apply)

- Wrist
- Elbow
- Shoulder
- Back
- Neck
- Fingers
- Hands

### Task Duration (Approximate)

- Less than 15 minutes
- 15 - 30 minutes
- 30 - 60 minutes
- More than 60 minutes

### Observed Posture During Repetitive Task (describe in detail)

Write something...

## Posture and Body Mechanics

Evaluates the postures adopted during tasks and the use of proper lifting and movement techniques.

### Typical Static Posture (e.g., bent back, forward head)?

- No
- Yes - Forward Head
- Yes - Bent Back
- Yes - Stooped Shoulders
- Yes - Other (Specify in Long Text)

**Describe any observed postural deviations or concerns.**

Write something...

**Estimated percentage of time spent in a potentially awkward posture.**

Enter a number...

**Are lifting techniques being used correctly?**

- Yes
- No
- Not Observed

**Which of the following bending techniques are commonly observed (check all that apply)?**

- Proper Leg Bend
- Rounding of the Back
- Twisting While Lifting
- Lifting with Arms
- Neutral Spine

**Describe any observed improper lifting or carrying techniques.**

Write something...

**Is employee aware of the risk of repetitive motions and proper techniques?**

Yes

No

Unsure

## Tools and Equipment

Assesses the design and suitability of tools and equipment used by employees.

**Are tools adjustable to accommodate different users?**

Yes

No

Not Applicable

**Weight of commonly used tool (in kg/lbs)**

Enter a number...

**Which grip types are available for frequently used tools?**

- Padded
- Rubberized
- Standard
- Ergonomic
- Other (Specify in LONG\_TEXT)

**If 'Other' grip type was selected above, please specify:**

Write something...

**Are power tools equipped with vibration dampening?**

- Yes
- No
- Not Applicable

**Upload a photo of a typical workstation tool setup (for context)**

 Upload File

**Force required to operate a specific tool (N/lbs)**

Enter a number...

# Lighting and Environment

Evaluates the lighting conditions, noise levels, and other environmental factors that can impact ergonomics.

## Ambient Light Level (Lux)

## Glare Assessment (Severity)

- None
- Mild
- Moderate
- Severe

## Uniformity of Illumination

- Excellent
- Good
- Fair
- Poor

### Noise Level (dBA)

Enter a number...

### Environmental Hazards Present

- Extreme Temperatures
- Vibration
- Poor Air Quality
- Dust/Fumes
- None

### Comments on Lighting & Environment

Write something...

## Employee Training & Awareness

Checks for adequate training on ergonomic principles and awareness of risk factors.

### Has the employee received ergonomic training?

- Yes
- No
- Needs Training

### Date of last ergonomic training

Enter date...

### Brief description of the ergonomic training provided.

Write something...

### Which ergonomic topics were covered in training?

- Proper Lifting Techniques
- Workstation Setup
- Repetitive Strain Injury (RSI) Awareness
- Posture and Body Mechanics
- Tool Usage
- Reporting Concerns

### Does the employee understand how to adjust their workstation?

- Yes
- No
- Unsure

### Employee comments/concerns regarding ergonomic training.

Write something...

## Work Organization & Scheduling

Reviews work schedules and job rotation practices to minimize fatigue and repetitive strain.

**Average Work Shift Length (hours)**

Enter a number...

**Number of Breaks per Shift**

Enter a number...

**Is Job Rotation Implemented?**

- Yes
- No
- Not Applicable

**Describe Job Rotation Schedule (if implemented)**

Write something...

### **Are Work Schedules Flexible?**

- Yes
- No
- Limited Flexibility

### **Describe any work organization challenges impacting ergonomics**

Write something...

### **Date of Last Work Schedule Review**

Enter date...