

Field Ergonomic Risk Factor Checklist

Identify which *risk factors* are present for the task and mark the appropriate number of points based on the amount of time that activity is being performed. Total all points for your total score.

Risk Factor	Time (Hours) / Points		
	<1	1-4	>4
<u>Repetitive Motion</u>	<1	1-4	>4
Every few seconds	0	1	3
Every few minutes	0	0	1
<u>Lift</u>	<1	1-4	>4
5-15 lbs	0	0	1
15-30 lbs	1	1	2
30-50 lbs	2	2	3
>50 lbs	3	3	3
<u>Push/Pull</u>	<1	1-4	>4
Easy	0	0	1
Moderate	0	1	2
Heavy	1	2	3
<u>Carry > 10 ft</u>	<1	1-4	>4
5-15 lbs	0	0	1
15-30 lbs	0	1	2
>30 lbs	1	2	3
<u>Awkward Postures</u>	<1	1-4	>4
Neck/Shoulder: Overhead/Bend	0	1	2
Extend Reach	0	1	2
Elbow/Forearm: Twist	0	1	2
Hand/Wrist: Bend/Pinch	0	1	2
Trunk: Twist/Bend	0	1	2
Knee: Squat/Kneel	0	1	2
<u>Other Risk Factors</u>	<1	1-4	>4
Use of power tools	0	1	2
Pressure (contact) points	0	1	2
Static posture	0	1	2
Vibration/Cold/Hot/Light/Glare	0	1	2
Continuous work and/or no control over job pace	0	1	2

Total Score:

10 or more? If so, ergonomic intervention is required