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| **Gripping** | **Compounding Factors** | **Condensed Logo.jpgComments/Recommendations?** |
| * **Is there pinching of objects with the thumb or strong gripping with the hand?** | * **Grip too narrow or too wide** |  |
| * **Object is slippery** |
| * **Awkward wrist posture** |
| * **Contact stress in the hand** |
| * **Glove style and fit is wrong** |
| * **Vibration is present** |
| * **No handles or cut-outs** |
| **Lifting/Carrying** | **Compounding Factors** | **Comments/Recommendations?** |
| * **heavy liftawkward liftIs there heavy, awkward or frequent lifting or carrying?** | * **Unilateral lift (one handed lift or carry)** |  |
| * **Grasp is poor (no handles or cutouts)** |
| * **Twisting is required** |
| * **Load is unstable** |
| * **Restricted space for movement** |
| * **Ground surface is rough or slippery** |
| **Pushing/Pulling** | **Compounding Factors** | **Comments/Recommendations?** |
| * **Is there heavy whole body pushing/ pulling?**   **pulling 2** | * **Unilateral (one handed activity)** |  |
| * **Only upper body is used (not legs)** |
| * **Hand height when pushing/pulling is below waist** |
| * **Poor wheel design, maintenance or improper size** |
| * **Ground surface is rough, slippery, sloped, etc.** |
| * **Restricted space affecting body movement** |
| **Awkward Postures** | **Compounding Factors** | **Comments/Recommendations?** |
| * **Is there neck bending or twisting?** | |  |
| * **Is there back bending or twisting?** | |
| * **behind bodyDo the elbows extend away from the body?** | |
| * **extension backDo the hands reach above shoulder height?** | |
| * **Is there squatting or kneeling?** | |

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| **Static Postures** | **Compounding Factors** | **Comments/Recommendations?** |
| * **Is there standing in one spot for a period of time?** | * **Hard ground or floor surface** |  |
| * **Rubber or steel toe footwear** |
| * **Standing surface is vibrating** |
| * **Is there sitting with no backrest?** | * **Poor chair design** |
| * **Inadequate clearance for legs** |
| **Repetitive Actions** | **Compounding Factors** | **Comments/Recommendations?** |
| * **Are repetitive movement’s performed every few seconds?** | * **Combined with awkward postures** |  |
| * **Combined with forceful exertions** |
| **Walking** | **Compounding Factors** | **Comments/Recommendations?** |
| * **Is there walking over rough, uneven, sloping or slippery surfaces?** * **Is there climbing on stairs, ladders or equipment?** | * **Work boots are worn** |  |
| * **Vibration from walking surface** |
| * **Specific pace required** |
| **Whole Body Vibration** | **Compounding Factors** | **Comments/Recommendations?** |
| * **Does the worker sit or stand on vibrating ground, machinery, vehicles or equipment?** | * **No air suspension system** |  |
| * **Road/ground surface is rough** |
| **Segmental Vibration** | **Compounding Factors** | **Comments/Recommendations?** |
| * **Are vibrating tools used?** | * **While wearing gloves** |  |
| * **Used in cold or wet environment** |
| * **High grip force required** |
| **Contact Stress** | **Compounding Factors** | **Comments/Recommendations?** |
| * **Is knee or hand used as a hammer?** | |  |
| * **Is part of the worker leaning against a hard or sharp surface, or is an object pressing into worker’s flesh?** | |

Main Concern(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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