

FIELD ERGONOMIC ASSESSMENT

Instructions: Please complete the following form by answering **Yes** or **No** to each of the questions regarding a specific job/task.
In the *General Assessment and Environment* section, if **Yes**, please list the corrective measures implemented in the **Comments** section.

Evaluation Information:

Employee Name	Bureau/District/Org	Job Title
Evaluator Name	Evaluation Location	Date of Evaluation

General Assessment	Yes	No
Exerting excessive force	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive motion or task	<input type="checkbox"/>	<input type="checkbox"/>
Working in an awkward posture (reaching, bending, twisting)	<input type="checkbox"/>	<input type="checkbox"/>
Repeated impact	<input type="checkbox"/>	<input type="checkbox"/>
Continual pressure on the body or to a part of the body	<input type="checkbox"/>	<input type="checkbox"/>
Moderate to high vibration	<input type="checkbox"/>	<input type="checkbox"/>
Heavy, frequent, or awkward lifting	<input type="checkbox"/>	<input type="checkbox"/>
Are you overextending your body to perform the task	<input type="checkbox"/>	<input type="checkbox"/>
Maintains an awkward position for an extended amount of time or throughout the day	<input type="checkbox"/>	<input type="checkbox"/>
Proper Lifting Technique		
Are the feet shoulder width apart and one foot slightly in front of the other	<input type="checkbox"/>	<input type="checkbox"/>
Bending and lifting with the knees (not the back)	<input type="checkbox"/>	<input type="checkbox"/>
Firm grip and back straight	<input type="checkbox"/>	<input type="checkbox"/>
Turns by using their body and not twisting at the waist	<input type="checkbox"/>	<input type="checkbox"/>
Environment		
Extreme temperatures (hot/cold)	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>
Walking/working surfaces (clear of hazards and level walking surface)	<input type="checkbox"/>	<input type="checkbox"/>
Work Practices		
Change of task/position or breaks	<input type="checkbox"/>	<input type="checkbox"/>
Job rotations implement if needed	<input type="checkbox"/>	<input type="checkbox"/>
Team lift or mechanical lifting devices used if available	<input type="checkbox"/>	<input type="checkbox"/>
Stretching - Prior to work/throughout the day as needed	<input type="checkbox"/>	<input type="checkbox"/>
Proper tools available for the task	<input type="checkbox"/>	<input type="checkbox"/>
Good posture when standing, sitting, and lifting	<input type="checkbox"/>	<input type="checkbox"/>
Report near misses ASAP	<input type="checkbox"/>	<input type="checkbox"/>

Comments