

General Risk Factor Exposure Checklist

ID _____

Job / Position Name _____

Date _____

Team / Department _____

Mine/Plant _____

Shift _____ 8 hrs _____ 10 hrs _____ 12 hrs

Other (describe) _____

Brief Description of Your Job

Main Tasks	Number of Hours	Tools/Equipment Used

Heavy or Frequent Lifting / Lowering / Shoveling

Lifting **or** lowering object weighing more than 75 pounds:

- Never Occasionally
- less than one time per day
- one or more times per day



Lifting **or** lowering object weighing 55 to 75 pounds:

- Never Occasionally
- less than 10 times per day
- more than 10 times per day

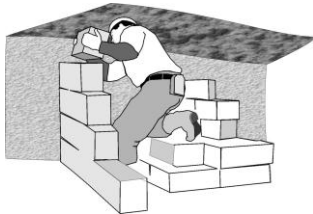
Back / Shoulders



Lifting **or** lowering object weighing more than 25 pounds:

- Never Occasionally
- less than 25 times per day
- more than 25 times per day

Back / Shoulders



Lifting **or** lowering object weighing more than 10 pounds:

- Never Occasionally
- less than 2 hours total per day
- more than 2 hours total per day

Back / Shoulders




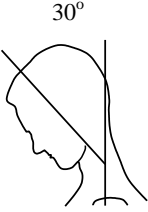
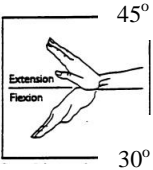


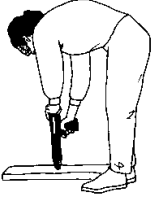


Shoveling:

- Never Occasionally
- less than 1 hour total per day
- from 1 to 2 hours total per day
- more than 2 hours total per day

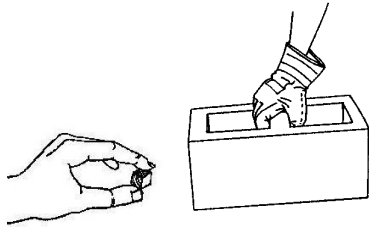


What material do you shovel? _____

Back / Shoulders / Arms

Awkward Postures		
 	<p>Working with the hand(s) above the head, <u>or</u> the elbow(s) above the shoulders:</p> <p>___ Never ___ Occasionally ___ for less than 2 hours per day ___ from 2 to 4 hours total per day ___ more than 4 hours total per day</p>	Shoulders
 	<p>Working with the neck bent more than 30 degrees (without support) :</p> <p>___ Never ___ Occasionally ___ for less than 2 hours per day ___ from 2 to 4 hours total per day ___ more than 4 hours total per day</p>	Neck
 	<p>Working with a bent wrist(s) – flexion, extension or deviation:</p> <p>Indicate Posture</p> <p>___ Never ___ Occasionally _____ ___ for less than 2 hours per day _____ ___ from 2 to 4 hours total per day _____ ___ more than 4 hours total per day _____</p>	Wrists / Arms
 	<p>Working with the back bent more than 30° (without support):</p> <p>___ Never ___ Occasionally ___ for less than 2 hours per day ___ from 2 to 4 hours total per day ___ more than 4 hours total per day</p>	Back
 	<p>Squatting:</p> <p>___ Never ___ Occasionally ___ for less than 2 hours per day ___ from 2 to 4 hours total per day ___ more than 4 hours total per day</p> <p>Kneeling:</p> <p>___ Never ___ Occasionally ___ for less than 2 hours per day ___ from 2 to 4 hours total per day ___ more than 4 hours total per day</p>	Knees

High Hand Force - Pinch Grip

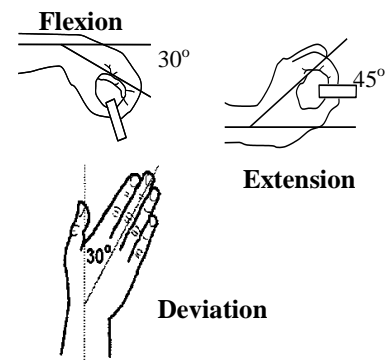


Pinching an unsupported object:

- Never Occasionally
 for less than 2 hours per day
 from 2 to 4 hours total per day
 more than 4 hours total per day

What object do you pick up with a pinch grip?

**Elbows /
Wrists / Hands**

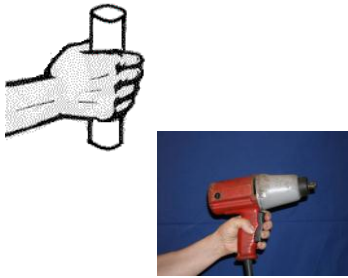


Pinch grip + wrists bent (flexion, extension or in deviation):

- Never Occasionally
 for less than 2 hours per day
 from 2 to 4 hours total per day
 more than 4 hours total per day

**Elbows /
Wrists / Hands**

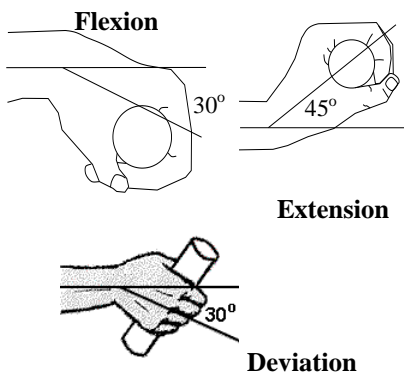
High Hand Force - Grasp or Power Grip



Grasping an unsupported object(s) weighing 10 or more pounds per hand, or grasping with a forceful grip:

- Never Occasionally
 for less than 2 hours per day
 from 2 to 4 hours total per day
 more than 4 hours total per day

**Elbows /
Wrists / Hands**



Grasping plus wrists bent (flexion, extension or in deviation):

- Never Occasionally
 for less than 2 hours per day
 from 2 to 4 hours total per day
 more than 4 hours total per day

**Elbows /
Wrists / Hands**

Highly Repetitive Work



Repeating the same motion (excluding keying activities) with little or no variation every few seconds:

- Never Occasionally
 for less than 2 hours per day
 from 2 to 6 hours total per day
 more than 6 hours total per day

Shoulders / Wrists / Arms



Repeating the same motion (excluding keying activities) with little or no variation every few seconds **plus** wrists bent (flexion, extension **or** in deviation) **plus** high, forceful exertions with the hands:

- Never Occasionally
 for less than 2 hours per day
 from 2 to 4 hours total per day
 more than 4 hours total per day

Arms / Wrists / Shoulders / Neck



Performing intensive keying (perform only keying with few or no breaks):

- Never Occasionally
 for less than 4 hours per day
 from 4 to 7 hours total per day
 more than 7 hours total per day



Performing intensive keying **plus** wrists bent (flexion, extension **or** in deviation):

- Never Occasionally
 for less than 2 hours per day
 from 2 to 4 hours total per day

Vibrating Tools (Hand-Arm Vibration)



Using grinders, sanders, jig saws or other hand tools that typically have moderate vibration levels:

- Never Occasionally
 for less than 2 hours per day
 from 2 to 4 hours total per day
 more than 4 hours total per day


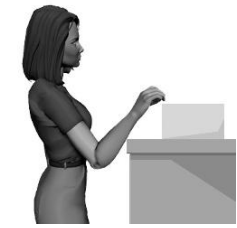
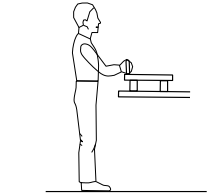
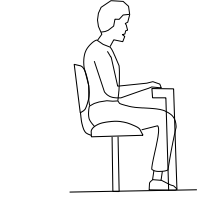
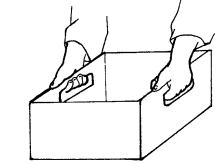
Arms / Wrists / Shoulders



Using impact wrenches, chain saws, percussive tools (jack hammers, scalars, chipping hammers) or other tools that typically have high vibration levels:

- Never Occasionally
 for less than 30 minutes total per day
 for more than 30 minutes total per day

Arms / Wrists / Shoulders / Back

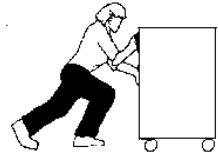
Bouncing or Jarring (Whole Body Vibration)																
	<p>Operating mobile equipment:</p> <p> <input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> for less than 2 hours per day <input type="checkbox"/> from 2 to 4 hours total per day <input type="checkbox"/> more than 4 hours total per day </p> <p>List Equipment: _____ _____ _____</p> <p>I travel over rough roads: (circle one) Never Sometimes Most of the time All of the time</p>	<p>Back / Hips / Legs</p>														
Contact or Impact Stress																
	<p>Contacting hard or sharp objects like work surface edges or narrow tool handles, or striking an object with a hammer:</p> <p> <input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> for less than 2 hours per day <input type="checkbox"/> from 2 to 4 hours total per day <input type="checkbox"/> more than 4 hours total per day </p> <p>Describe sharp object / hammer _____</p>	<p>Shoulders / Elbows / Wrists / Arms</p>														
Static Postures																
 	<p>Standing without changing posture:</p> <p> <input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> for less than 2 hours per day <input type="checkbox"/> from 2 to 4 hours total per day <input type="checkbox"/> more than 4 hours total per day </p> <p>Sitting without changing posture:</p> <p> <input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> for less than 2 hours per day <input type="checkbox"/> from 2 to 4 hours total per day <input type="checkbox"/> more than 4 hours total per day </p>	<p>Back./ Hips / Legs</p>														
Carrying																
	<p>Carrying objects <i>more</i> than 7 feet (check weight and frequency for most difficult carry):</p> <table border="0"> <thead> <tr> <th><u>OBJECT WEIGHT</u></th> <th><u>FREQUENCY</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Less than 20 pounds</td> <td><input type="checkbox"/> Occasionally</td> </tr> <tr> <td><input type="checkbox"/> 21 to 35 pounds</td> <td><input type="checkbox"/> Less than 1 carry/minute</td> </tr> <tr> <td><input type="checkbox"/> 36 to 50 pounds</td> <td><input type="checkbox"/> 1-2 carries/minute</td> </tr> <tr> <td><input type="checkbox"/> More than 50 pounds</td> <td><input type="checkbox"/> 3-6 carries/minute</td> </tr> <tr> <td></td> <td><input type="checkbox"/> More than 6 carries/minute</td> </tr> <tr> <td><input type="checkbox"/> Never</td> <td></td> </tr> </tbody> </table>	<u>OBJECT WEIGHT</u>	<u>FREQUENCY</u>	<input type="checkbox"/> Less than 20 pounds	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 21 to 35 pounds	<input type="checkbox"/> Less than 1 carry/minute	<input type="checkbox"/> 36 to 50 pounds	<input type="checkbox"/> 1-2 carries/minute	<input type="checkbox"/> More than 50 pounds	<input type="checkbox"/> 3-6 carries/minute		<input type="checkbox"/> More than 6 carries/minute	<input type="checkbox"/> Never		<p>Back / Shoulders / Elbows / Legs</p>
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<input type="checkbox"/> Never																

Pushing and Pulling



Pushing against an object, such as a cart or handle, with a maximum effort (body leaning with bent legs into the push):

- Never Occasionally
- less than 8 times per day
- from 8 to 30 times per day
- more than 30 times per day



Pushing against an object, such as a cart or handle, with a moderate effort (body slightly leaning with straight legs into the push – similar to pushing a full grocery cart):

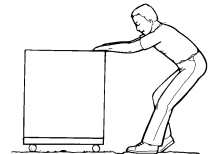
- Never Occasionally
- less than 16 times per day
- from 16 to 50 times per day
- more than 50 times per day

**Back / Shoulders /
Elbows /
Legs**



Pulling against an object, such as a/an electrical cable, fuel hose, cart or handle, with a maximum effort (body leaning with bent legs into the pull):

- Never Occasionally
- less than 8 times per day
- from 8 to 30 times per day
- more than 30 times per day



Pulling against an object, such as a a/an electrical cable, fuel hose, cart or handle, with a moderate effort (body slightly leaning with straight legs into the pull – similar to pulling a full grocery cart):

- Never Occasionally
- less than 16 times per day
- from 16 to 50 times per day
- more than 50 times per day

**Back / Shoulders /
Elbows /
Legs**

Most Difficult or Physically-Demanding Tasks

(Please provide a brief description of each task)

Why is this task difficult?

1.

2.

Instructions

The purpose of completing this form is to identify exposures to MSD risk factors that occur when doing tasks required by your job. Your answers will be used to track the effectiveness of applying ergonomics at your mine.

1. **ID:** Name or employee number of employee completing checklist. (It is important to enter your name on the checklist so your checklist can be matched to future checklists.)
2. **Job Name:** Provide the name of your job. Please be as specific as possible. (mechanic, dozer operator, crusher operator, etc.)
3. **Team/Department Name:** Indicate name of your organization.
4. **Date:** Date checklist is completed.
5. **Mine/Plant:** Name of your mine or plant.
6. **Shift:** Check the length of your typical shift.
7. **Brief Description of Job:** Provide a list of the main tasks you do for your job. Also list the number of hours/shift you spend doing each task and any equipment or tools you use. For example:

Main Tasks	Number of Hours	Tools/Equipment
Operate dozer	4 hours	CAT D10
Repair truck brakes	3 hours	pneumatic wrench

Risk Factors: Read each description of the risk factors while thinking about all the tasks you do that are a part of your job. Mark the choice that best applies to your job with a or **X**. If you do not do the risk factor described, check “Never.” If you do the risk factor described periodically (once /week or once/month), then mark “Occasionally.”

Some risk factors ask for additional information. Please write your response in the space provided.

On the last page of the checklist, list two tasks that you do for your job that you believe are the most physically demanding. Physically demanding means a lot of effort is required to do the task, or it involves one or more of the risk factors listed in this checklist.