

*The following checklist is a guide. It may be used in its entirety or be modified to the specific user's needs by adding or subtracting items from the checklist. For questions concerning any item, contact the Office of Environmental Health and Safety.*

**(13) ERGONOMICS**

Name: \_\_\_\_\_ Date : \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

1. Can the work be performed without eye strain or glare to the employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
2. Does the task require prolonged raising of the arms?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
3. Do the neck and shoulders have to be stooped to view the task?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
4. Are there pressure points on any parts of the body (wrists, forearms, back of thighs)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
5. Can the work be done using the larger muscles of the body?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
6. Can the work be done without twisting or overly bending the lower back?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
7. Are there sufficient rest breaks, in addition to the regular rest breaks, to relieve stress from repetitive-motion tasks?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
8. Are tools, instruments and machinery shaped, positioned and handled so those tasks can be performed comfortably?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
9. Are all pieces of furniture adjusted, positioned and arranged to minimize strain on all parts of the body?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____