

Ergonomics Task Evaluation Worksheet

(Make sure to explain your purpose to the employees at the task you are evaluating)

Area

Shift 1 Shift 2 Shift 3

Task

Date of Evaluation / /

Steps of the Task

1. Awkward postures?	Ergonomics Issues	Ideas For Improvement Or Comments
Bent wrists	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Elbows away from body	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bent/twisted back while standing	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bent/twisted back while seated	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bent neck	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Excessive forces?	Ergonomics Issues	Ideas For Improvement Or Comments
Grasping or pinching forces	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Push/pull arm forces	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Loads on back	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Anything not in easy reach?	Ergonomics Issues	Ideas For Improvement Or Comments
Reach envelope: Full arm	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reach envelope: Fore arm	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Not at right height?	Ergonomics Issues	Ideas For Improvement Or Comments
Over shoulders/below knees	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Elbow height	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Equipment height relationships	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Excessive motions?	Ergonomics Issues	Ideas For Improvement Or Comments
Hands	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Arms	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Back	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Walking	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Unnecessarily fatiguing?	Ergonomics Issues	Ideas For Improvement Or Comments
Static loads: Grip	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Static loads: Arm	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Pressure points?	Ergonomics Issues	Ideas For Improvement Or Comments
Tool grip	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hard edges/surfaces	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Kneeling while working	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. Poor clearance & access?	Ergonomics Issues	Ideas For Improvement Or Comments
Bump/not fit/no room for legs, knees	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can't see	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Freedom to move & stretch?	Ergonomics Issues	Ideas For Improvement Or Comments
Constant sitting	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Standing in one place	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10. Uncomfortable environment?	Ergonomics Issues	Ideas For Improvement Or Comments
Vibration	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Temperature extremes	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Glare, shadows, too bright or dark	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Additional Information

What suggestions & feedback do employees/supervisors have?

Where do employees typically experience the most discomfort, if any?

Elbows/forearms	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Shoulders	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Neck	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Back	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Legs	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Feet	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High

What are the top 2-3 issues for this task?