

<b>Level I Ergonomics Assessment Checklist for Maintenance, Warehouse, and Service Work Areas</b>	Survey Date (YYMMDD)	<b>Workplace Identifier:</b>	
<i>(use this space for mechanical imprint)</i>		Base	Organization
		Workplace	
		Bldg. No/Location	Room/Area
		AFSC/Job Series	
		Job Name:	
BEF Technician: _____ <div style="text-align: center;">Sign</div>			

## Level I - Ergonomics Assessment for Maintenance, Warehouse, and Service Work Areas

### Part I - Work Content (Description of Tasks Performed)

Technician:  
Date:

For this section, work with the employee to determine those recurring jobs/tasks that are most difficult on the body. Ask the employee the following questions:

- “In terms of stress to the body, what are the most difficult, fatiguing jobs/tasks that you do?”
- “Which of those jobs/tasks do you perform on a regular basis (or occur most frequently)?”

Using the Maintenance, Warehouse, and Service Areas Task Key List as a reference, write in the task names in the Work Content Matrix below. If the employee mentions tasks which are not included on the Task Key List, write-in the additional tasks in the Task Key List. **Note: If the person mentions several jobs which each have multiple tasks, complete a separate checklist for each job.**

For each task performed, determine the approximate task frequency using the following proportions of job time:

- > 50 % (High):** The total percentage of work time spent performing the task is greater than 50%.
- 10-50 % (Moderate):** The total percentage of work time spent performing the task is between 10 and 50%.
- < 10 % (Low):** The total percentage of work time spent performing the task is less than 10%.

For each task, check the most appropriate circle in the Work Content Matrix below to indicate approximate task frequency. If lifting/high force exertions occur in the task, indicate by checking the appropriate circle.

### WORK CONTENT MATRIX

Task	Lifting / Exertion Occur in Task	Task Frequency (Check one)		
		(Low) 0-9%	(Moderate) 10-50%	(High) 51-100%
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

= Critical tasks are indicated by the shaded boxes in the Work Content Matrix. Critical tasks are tasks which occur greater than 10% of the job time or which involve lifting or high forces.

#### **ONLY COMPLETE THE CHECKLIST FOR CRITICAL TASKS.**

**LOW FREQUENCY TASKS WITH LIFTING OR EXERTION ARE SCORED AS MODERATE FREQUENCY.**

### Performance Measures

How is your performance measured? \_\_\_\_\_

# Level I - Ergonomics Assessment for Maintenance, Warehouse, and Service Work Areas

## Part I - Work Content (Description of Tasks Performed)

### Maintenance, Warehouse, and Service Task Key List

Abrading	Masoning
Assembling/Disassembling – Internal Components	Media Blasting – Blast Cabinet
Assembling/Repairing (Bench Work)	Media Blasting – High Pressure Gun
Bagging	Melting
Baking	Molding
Bolting/Screwing	Monitoring (of Displays)
Chipping	Nailing
Cleaning by Hand (Detail Work)	Opening/Closing Heavy Doors
Cleaning with High Pressure Equipment	Ordnance Disposal
Coating/Immersing	Packing
Commissary/Meat Cutting	Packing/Shipping
Cooking (Food Preparation)	Painting/Spraying
Cooking (Short Order Grill)	Palletizing
Crimping	Picking/Stocking
Cutting/Shearing	Paving
Dishwashing	Pumping
Drilling	Prying
Driving (Vehicles)	Pumping
Excavating/Shoveling	Riveting/Bucking
Flame Cutting	Sanding
Folding/Fitting	Sawing
Food Serving	Scanning Groceries/Tendering
Fork Lift Truck Operating (sitting)	Scanning/Bar Code Reader (Hand-held)
Fork Lift Truck Operating (standing)	Sewing
Forming	Soldering
Gluing/Laminating (Doping)	Stripping/Depainting by Hand
Grinding	Stripping/Depainting by Mechanical Methods
Hammering	Transporting Loads on Non-powered Carts
Hose Handling	Turning Valves
Inspect and Repairing Support Equipment	Tying/Twisting/Wrapping
Lifting	Visual Inspection
Loading/Unloading	Welding
Lubricating	Wiring
Machining	Wrenching/Ratcheting
Masking	



# Level I - Ergonomics Assessment for Maintenance, Warehouse, and Service Work Areas

## Part II - Checklist, Hand/Wrist/Arm

### Job Factors

For each Job Factor, select the appropriate Job Factor Frequency score in the appropriate Task Frequency column using the following guidelines:

**Frequently (F):** Job Factor occurs more than 50% of the task time

**Sometimes (S):** Job Factor occurs for 10-50% of the task time

**Infrequently/Never (N):** Job Factor occurs less than 10% of the task time or does not apply

### Critical Tasks

Job Factor	Task Name:	Task Name:	Task Name:	Comments			
	Task Frequency		Task Frequency		Task Frequency		
	Moderate 10-50%	High 51-100%	Moderate 10-50%		High 51-100%	Moderate 10-50%	High 51-100%
 <b>2.1 Bent wrists (&gt;10 degrees in any direction)</b>	F S N 1 1 0	F S N 4 1 0	F S N 1 1 0	F S N 4 1 0	F S N 1 1 0	F S N 4 1 0	
 <b>2.2 Repeated hand, wrist, or arm movements (includes forearm rotation) (e.g., scanning groceries, washing dishes)</b>	F S N 1 1 0	F S N 4 1 0	F S N 1 1 0	F S N 4 1 0	F S N 1 1 0	F S N 4 1 0	
 <b>2.3 Repeated finger movements (e.g., repetitive keying tasks, operating buttons on hand-held scanners)</b>	F S N 1 1 0	F S N 3 1 0	F S N 1 1 0	F S N 3 1 0	F S N 1 1 0	F S N 3 1 0	
 <b>2.4 Hyperextension of thumb/finger (e.g., using pliers with a wide handle span; using a small input device)</b>	F S N 1 1 0	F S N 4 1 0	F S N 1 1 0	F S N 4 1 0	F S N 1 1 0	F S N 4 1 0	
 <b>2.5 Hand forces; fingertip force &gt;2 lbs. (.9 kg.) (e.g., 2 lbs. is roughly equal to holding fingernail clippers closed) or full hand force &gt;8 lbs. (3.6 kg.) (e.g., 8 lbs. is roughly equal to holding a gallon of milk)</b>	F S N 1 1 0	F S N 4 1 0	F S N 1 1 0	F S N 4 1 0	F S N 1 1 0	F S N 4 1 0	
 <b>2.6 Hard edges (e.g., tool handle or work area presses into fingers or hand, holding box by cut-out handles or strapping)</b>	F S N 1 1 0	F S N 4 1 0	F S N 1 1 0	F S N 4 1 0	F S N 1 1 0	F S N 4 1 0	
 <b>2.7 Exposure to hand-transmitted vibration, impact forces, or torque (e.g., using a nail gun)</b>	F S N 1 1 0	F S N 4 1 0	F S N 1 1 0	F S N 4 1 0	F S N 1 1 0	F S N 4 1 0	
 <b>2.8 Hands/fingers exposed to cold temperatures (e.g., working outside in winter environment, working in freezers, meatpacking)</b>	F S N 1 0 0	F S N 2 1 0	F S N 1 0 0	F S N 2 1 0	F S N 1 0 0	F S N 2 1 0	
<b>Task Scores =</b> (column total)							



# Level I - Ergonomics Assessment for Maintenance, Warehouse, and Service Work Areas

## Part II - Checklist, Legs/Feet

### Job Factors

For each Job Factor, select the appropriate Job Factor Frequency score in the appropriate Task Frequency column using the following guidelines:

**Frequently (F):** Job Factor occurs more than 50% of the task time

**Sometimes (S):** Job Factor occurs for 10-50% of the task time

**Infrequently/Never (N):** Job Factor occurs less than 10% of the task time or does not apply

### Critical Tasks

Job Factor	Task Name:		Task Name:		Task Name:		Comments
	Task Frequency		Task Frequency		Task Frequency		
	Moderate 10-50%	High 51-100%	Moderate 10-50%	High 51-100%	Moderate 10-50%	High 51-100%	
 <b>4.1 Standing in a fixed position (especially on hard floor surface)</b>	F S N 1 1 0	F S N 4 1 0	F S N 1 1 0	F S N 4 1 0	F S N 1 1 0	F S N 4 1 0	
 <b>4.2 Exposure to hard edges or surfaces (e.g., edge of chair presses into back of leg, task requires leaning against the hard edge of a table)</b>	F S N 1 1 0	F S N 4 1 0	F S N 1 1 0	F S N 4 1 0	F S N 1 1 0	F S N 4 1 0	
 <b>4.3 Awkward leg postures (e.g. kneeling, squatting crawling, etc.)</b>	F S N 1 1 0	F S N 4 1 0	F S N 1 1 0	F S N 4 1 0	F S N 1 1 0	F S N 4 1 0	
 <b>4.4 Use of foot pedal while standing</b>	F S N 1 1 0	F S N 2 1 0	F S N 1 1 0	F S N 2 1 0	F S N 1 1 0	F S N 2 1 0	
<b>Task Scores = (column total)</b>							

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## Part II - Checklist, Head/Eyes

### Job Factors

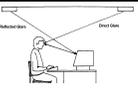
For each Job Factor, select the appropriate Job Factor Frequency score in the appropriate Task Frequency column using the following guidelines:

**Frequently (F):** Job Factor occurs more than 50% of the task time

**Sometimes (S):** Job Factor occurs for 10-50% of the task time

**Infrequently/Never (N):** Job Factor occurs less than 10% of the task time or does not apply

### Critical Tasks

Job Factor	Task Name:	Task Name:	Task Name:	Comments			
	Task Frequency		Task Frequency		Task Frequency		
	Moderate 10-50%	High 51-100%	Moderate 10-50%		High 51-100%	Moderate 10-50%	High 51-100%
 <p><b>5.1 Light levels are too high or too low</b> (difficult to see)</p>	F S N 1 1 0	F S N 2 1 0	F S N 1 1 0	F S N 2 1 0	F S N 1 1 0	F S N 2 1 0	
 <p><b>5.2 Task is visually demanding</b> (e.g., requires close examination of work piece or computer screen)</p>	F S N 1 1 0	F S N 3 2 0	F S N 1 1 0	F S N 3 2 0	F S N 1 1 0	F S N 3 2 0	
 <p><b>5.3 Glare is present on the work surface or computer screen</b></p>	F S N 1 1 0	F S N 2 1 0	F S N 1 1 0	F S N 2 1 0	F S N 1 1 0	F S N 2 1 0	
<b>Task Scores =</b> (column total)							



# Level I - Ergonomics Assessment for Maintenance, Warehouse, and Service Work Areas

## ERGONOMIC SUMMARY REPORT

Technician \_\_\_\_\_

Date \_\_\_\_\_

### Job Description

**Scoring Summary:** Transfer scores from individual scoring sheets.

Body Region	Task Scores				Priority Score by Body Region	Priority Rating by Body Region
	Task Name:	Task Name:	Task Name:	Task Name:		
					Add across row and divide by # of tasks for average = = = = =	High: 8+ Med: 4-7 Low: 0-3
<u>Shoulder/Neck</u>						High Med Low
<u>Hand/Wrist/Arm</u>						High Med Low
<u>Back/Torso</u>						High Med Low
<u>Legs/Feet</u>						High Med Low
<u>Head/Eyes</u>						High Med Low

Select the highest body region score for each task then circle below for High, Med, Low	Highest Score	Highest Score	Highest Score	Highest Score
High: 8+ Med: 4-7 Low: 0-3	High Med Low	High Med Low	High Med Low	High Med Low

Environmental Rating
High Med Low

Overall	
Highest Priority Score by Body Region	Overall Priority Rating <b>High</b> <b>Med</b> <b>Low</b>

## LEVEL I ERGONOMICS ASSESSMENT SUMMARY AND RECOMMENDATIONS

# Level I - Ergonomics Assessment for Maintenance, Warehouse, and Service Work Areas

<b>Date (YYMMDD)</b>	<b>Workplace Identifier:</b>	
<i>(use this space for mechanical imprint)</i>	Base	Organization
	Workplace	
	Bldg. No./Location	Room/Area
	AFSC/Job Series	Job Name:

## CRITICAL TASKS IN PRIORITY ORDER

Task Name	Task Rating	Body Regions and Ratings <small>(Circle one for each region)</small>				
		Shoulder/Neck	Hands/Wrists/ Arms	Back/Torso	Legs/Feet	Head/Eyes
1.	High Med	High Med	High Med	High Med	High Med	High Med
2.	High Med	High Med	High Med	High Med	High Med	High Med
3.	High Med	High Med	High Med	High Med	High Med	High Med
4.	High Med	High Med	High Med	High Med	High Med	High Med

## OVERALL JOB RATING

<b>RATING:</b> High      Medium	<b>PRIORITY BODY REGION: SHOULDER/NECK      HAND/WRIST/ARM</b>
<small>(Circle one)</small>	<small>(circle one)</small> <b>LEGS/FEET      BACK/TORSO      HEAD/EYES</b>

- Findings are consistent with results from Job Requirements and Physical Demands Survey (JR/PD):     Yes     No     N/A  
Comment: \_\_\_\_\_
- Findings are consistent with AF Occupational Illness Investigation:                             Yes     No     N/A  
Comment: \_\_\_\_\_

## RECOMMENDATIONS FOR FOLLOW-UP

Modifications and adjustments	Major changes and/or purchases
_____	_____
_____	_____
_____	_____
_____	_____
Expected Benefits <input type="checkbox"/> Health/Safety <small>(Check all that apply)</small> <input type="checkbox"/> Productivity/Quality	Expected Benefits <input type="checkbox"/> Health/Safety <small>(Check all that apply)</small> <input type="checkbox"/> Productivity/Quality

**BEF (Sign)** \_\_\_\_\_