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

Date (YYMMDD)	990505	Workplace Identifier:	N/A
(*use this space for mechanical imprint*)		Base **XYZAFB**	Organization
		Workplace **Parachute Packing Facility**	
		Bldg. No./Location **1001**	Room/Area **1A**
		AFSC/Job Series **N/A**	Job Name: **Parachute Packer**

CRITICAL TASKS IN PRIORITY ORDER

Task Name	Task Rating	Body Regions and Ratings (Circle one for each region)				
		Shoulder/Neck	Hands/Wrists/ Arms	Back/Torso	Legs/Feet	Head/Eyes
1. Packing	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

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

- 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
- Encourage ergonomic work techniques	- Provide anti-fatigue mat
- Rest pauses	
- Move work closer to body – Raise the work surface	
- Use tool to pull items	
- Provide sheet inserts	
Expected Benefits (Check all that apply) ☑ Health/Safety ☑ Productivity/Quality	Expected Benefits (Check all that apply) ☑ Health/Safety ☐ Productivity/Quality

BEF (Sign) John Doe