Checklist for Identification of Risk Factors Associated with Hand-Arm And Back Injuries

Use the checklist to compare risk among jobs, or to evaluate changes made to a job in order to reduce material handling injuries. The more "yes" answers you have for a particular job, the higher the risk for material handling injuries.

1. JOB

Job Title: _____

2. TASK DESCRIPTION

MAIN TASKS	AMOUNT OF TIME PERFORMING WORK

3. REPETITIVENESS

	NO	YES
Are any tasks performed for more than 50 per cent of the work time?	☐	☐
Do any single repetitive tasks last less than 30 seconds?	☐	☐
Is it difficult to take frequent breaks from repetitive tasks?	☐	☐

4. FORCEFULNESS

	NO	YES
Are hands required to perform lifts, holds or assembly with loads heavier than 4.5 kg (10 lbs)?Is the use of a pinch grip required?	☐	☐
Are there lifting tasks with weights heavier than 11 kg (24 lbs)?	☐	☐
Does the work involve extreme flexion or extension of the wrist?	☐	☐
Does the work involve side-to-side deviation of the wrist (ulnar and radial deviation)?	☐	☐

continued

5. POSTURE

	NO	YES
Does the work involve turning something over in the hands (elbow supination and pronation)?	☐	☐
Does the work involve frequent reaching below the knee- level?	☐	☐
Does the work involve reaching behind the line of the body? Does the work involve frequent horizontal reaching beyond 50 cm?	☐	☐
Does the work prevent variations in posture between sitting, standing and sit-stand?	☐	☐
Does lack of adjustability in the workstation or furniture prevent individual adaptability?	☐	☐
Is important visual information located outside the range of viewing (122-178 cm, 43-70")?	☐	☐
Are employees carrying books and shelving with one hand?	☐	☐
Are unsupported postures adopted for work performed over long periods of time?	☐	☐

6. MECHANICAL STRESSES

	NO	YES
Does the work cause contact of fingers, wrists or arms with sharp edges?	☐	☐
Is there a possibility of injury due to sharp corners or rough surfaces?	☐	☐

7. WORK ORGANIZATION

	NO	YES
Is there a lack of alternative tasks and flexibility in the job?	☐	☐
Is there insufficient decision-making within the job?	☐	☐
Is the job stressful?	☐	☐
Is it difficult for an injured worker to find alternative work?	☐	☐
Are there problems with the health and safety committee responding to the needs of workers?	☐	☐
Is new equipment ordered or are work methods altered without input from employees?	☐	☐
Is training insufficient for good performance?	☐	☐

continued

Equipment Evaluation Form

1. Equipment being evaluated: _____

2. Length of time spent using equipment: _____

3. Location of evaluation trial: _____

4. Please rank how simplicity of the use of the equipment, on the scale from 1 to 10, (0 being "very difficult" and 10 being "very easy")

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
very difficult		somewhat difficult		neither easy nor difficult			somewhat easy			very easy

5. What made the equipment easy or difficult to use? _____

6. How significantly did the equipment help reduce physical stress?

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
much more stress		somewhat more stress		neither more nor less stress			somewhat less stress			much less stress

7. What made the equipment more or less physically stressful? _____

8. Please rank the safety of the new equipment on a scale from 1 to 10

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
very unsafe		somewhat unsafe		neither safe nor unsafe			somewhat safe			very safe

9. What made the equipment safe/unsafe to use? _____

10. Please give an overall ranking of the new equipment on a scale from 1 to 10.

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
poor		fair		neither good nor poor			good			excellent

11. What did you like about the equipment?

12. What did you dislike about the equipment?

13. Would you recommend that the library invest in this equipment?

continued

Equipment Form For Changes To Job Methods

This form should be filled out at the end of each day of work, using the alternative job method, and at the end of an equal number of days, using the traditional job methods. Results will be compiled across several workers and compared. It is important to keep track of the measurable work flow, as well as subjective feelings about the work.

1. What job method alteration is being evaluated? _____

2. Period of evaluation: _____

3. Measurable work output (e.g., number of book trucks shelved and time per book truck):

4. How significant was the reduction in physical stress due to the alteration in methods?

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
much more stress		somewhat more stress		neither more nor less stress			somewhat less stress		much less stress	

5. What made the alteration in work methods less or more stressful?

6. Please rank the pain, discomfort, or fatigue in the hands, wrists and arms felt at the end of the day.

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
severe		intense		moderate			slight		non-existent	

7. What did you like about the change in work methods? _____

8. What did you dislike about the change in work methods? _____

9. Please rank how strongly you would recommend that the library adopt this altered method. (rank)

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
do not recommend					indifferent				strongly recommend	

Public Services Health & Safety Association

4950 Yonge Street, Suite 902, Toronto ON M2N 6K1
tel: 416-250-2131 toll free: 1-877-250-7444 fax: 416-250-9190
www.pshsa.ca