

Observer's Assessment

Back

A When performing the task, is the back
(select worse case situation)

- A1 Almost neutral?
- A2 Moderately flexed or twisted or side bent?
- A3 Excessively flexed or twisted or side bent?

B Select ONLY ONE of the two following task options:

EITHER

For seated or standing stationary tasks. Does the back remain in a static position most of the time?

- B1 No
- B2 Yes

OR

For lifting, pushing/pulling and carrying tasks (i.e. moving a load). Is the movement of the back

- B3 Infrequent (around 3 times per minute or less)?
- B4 Frequent (around 8 times per minute)?
- B5 Very frequent (around 12 times per minute or more)?

Shoulder/Arm

C When the task is performed, are the hands
(select worse case situation)

- C1 At or below waist height?
- C2 At about chest height?
- C3 At or above shoulder height?

D Is the shoulder/arm movement

- D1 Infrequent (some intermittent movement)?
- D2 Frequent (regular movement with some pauses)?
- D3 Very frequent (almost continuous movement)?

Wrist/Hand

E Is the task performed with
(select worse case situation)

- E1 An almost straight wrist?
- E2 A deviated or bent wrist?

F Are similar motion patterns repeated

- F1 10 times per minute or less?
- F2 11 to 20 times per minute?
- F3 More than 20 times per minute?

Neck

G When performing the task, is the head/neck bent or twisted?

- G1 No
- G2 Yes, occasionally
- G3 Yes, continuously

* Additional details for L, P and Q if appropriate

* L

* P

* Q

Worker's Assessment

Workers

H Is the maximum weight handled MANUALLY BY YOU in this task?

- H1 Light (5 kg or less)
- H2 Moderate (6 to 10 kg)
- H3 Heavy (11 to 20kg)
- H4 Very heavy (more than 20 kg)

J On average, how much time do you spend per day on this task?

- J1 Less than 2 hours
- J2 2 to 4 hours
- J3 More than 4 hours

K When performing this task, is the maximum force level exerted by one hand?

- K1 Low (e.g. less than 1 kg)
- K2 Medium (e.g. 1 to 4 kg)
- K3 High (e.g. more than 4 kg)

L Is the visual demand of this task

- L1 Low (almost no need to view fine details)?
- *L2 High (need to view some fine details)?

* If High, please give details in the box below

M At work do you drive a vehicle for

- M1 Less than one hour per day or Never?
- M2 Between 1 and 4 hours per day?
- M3 More than 4 hours per day?

N At work do you use vibrating tools for

- N1 Less than one hour per day or Never?
- N2 Between 1 and 4 hours per day?
- N3 More than 4 hours per day?

P Do you have difficulty keeping up with this work?

- P1 Never
- P2 Sometimes
- *P3 Often

* If Often, please give details in the box below

Q In general, how do you find this job

- Q1 Not at all stressful?
- Q2 Mildly stressful?
- *Q3 Moderately stressful?
- *Q4 Very stressful?

* If Moderately or Very, please give details in the box below

* L

* P

* Q

Back

Back Posture (A) & Weight (H)

	A1	A2	A3
H1	2	4	6
H2	4	6	8
H3	6	8	10
H4	8	10	12

Score 1

Back Posture (A) & Duration (J)

	A1	A2	A3
J1	2	4	6
J2	4	6	8
J3	6	8	10

Score 2

Duration (J) & Weight (H)

	J1	J2	J3
H1	2	4	6
H2	4	6	8
H3	6	8	10
H4	8	10	12

Score 3

Now do **ONLY** 4 if static
OR 5 and 6 if manual handling

Static Posture (B) & Duration (J)

	B1	B2
J1	2	4
J2	4	6
J3	6	8

Score 4

Frequency (B) & Weight (H)

	B3	B4	B5
H1	2	4	6
H2	4	6	8
H3	6	8	10
H4	8	10	12

Score 5

Frequency (B) & Duration (J)

	B3	B4	B5
J1	2	4	6
J2	4	6	8
J3	6	8	10

Score 6

Total score for Back
Sum of scores 1 to 4 **OR**
Scores 1 to 3 plus 5 and 6 _____

Shoulder/Arm

Height (C) & Weight (H)

	C1	C2	C3
H1	2	4	6
H2	4	6	8
H3	6	8	10
H4	8	10	12

Score 1

Height (C) & Duration (J)

	C1	C2	C3
J1	2	4	6
J2	4	6	8
J3	6	8	10

Score 2

Duration (J) & Weight (H)

	J1	J2	J3
H1	2	4	6
H2	4	6	8
H3	6	8	10
H4	8	10	12

Score 3

Frequency (D) & Weight (H)

	D1	D2	D3
H1	2	4	6
H2	4	6	8
H3	6	8	10
H4	8	10	12

Score 4

Frequency (D) & Duration (J)

	D1	D2	D3
J1	2	4	6
J2	4	6	8
J3	6	8	10

Score 5

Total score for Shoulder/Arm
Sum of Scores 1 to 5 _____

Wrist/Hand

Repeated Motion (F) & Force (K)

	F1	F2	F3
K1	2	4	6
K2	4	6	8
K3	6	8	10

Score 1

Repeated Motion (F) & Duration (J)

	F1	F2	F3
J1	2	4	6
J2	4	6	8
J3	6	8	10

Score 2

Duration (J) & Force (K)

	J1	J2	J3
K1	2	4	6
K2	4	6	8
K3	6	8	10

Score 3

Wrist Posture (E) & Force (K)

	E1	E2
K1	2	4
K2	4	6
K3	6	8

Score 4

Wrist Posture (E) & Duration (J)

	E1	E2
J1	2	4
J2	4	6
J3	6	8

Score 5

Total score for Wrist/Hand
Sum of Scores 1 to 5 _____

Neck

Neck Posture (G) & Duration (J)

	G1	G2	G3
J1	2	4	6
J2	4	6	8
J3	6	8	10

Score 1

Visual Demand (L) & Duration (J)

	L1	L2
J1	2	4
J2	4	6
J3	6	8

Score 2

Total score for Neck
Sum of Scores 1 to 2 _____

Driving

M1	M2	M3
1	4	9

Total for Driving _____

Vibration

N1	N2	N3
1	4	9

Total for Vibration _____

Work pace

P1	P2	P3
1	4	9

Total for Work pace _____

Stress

Q1	Q2	Q3	Q4
1	4	9	16

Total for Stress _____