

Ergonomic Analysis Worksheet

Evaluator: _____

Date: _____

Job Title / Description: _____

Work Purpose / Objectives: _____

Work Schedule: _____

Production Rate / Quota: _____

Equipment Utilized: _____

Tools Utilized: _____

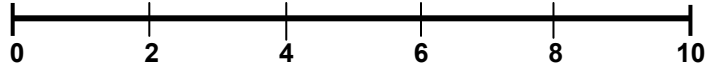
Materials Utilized: _____

Personal Protective Equipment: _____

Environmental Conditions: _____

Notes:

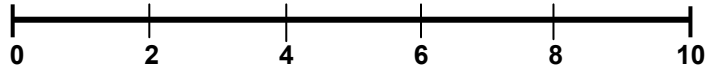
Repetitive Exertions



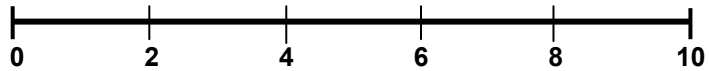
- 0= mostly idle; no regular exertions
- 2= short periods of activity seperated by long pauses
- 4= slow, steady activity; frequent, brief pauses
- 6= moderate, steady activity; infrequent, brief pauses
- 8= rapid, steady activity; no regular pauses
- 10= rapid, steady activity; no pauses

Forceful Exertions

Peak



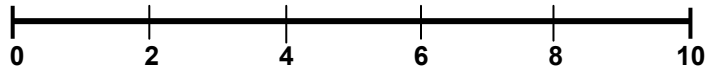
Avg.



- 0= relaxed effort; fluid movements; no apparent resistance
- 10= extreme effort

Postural Stresses

Peak

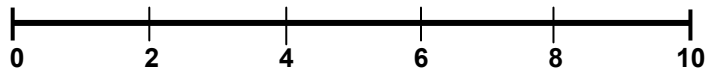


body part

Avg.

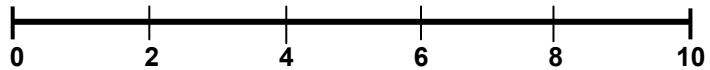


Peak

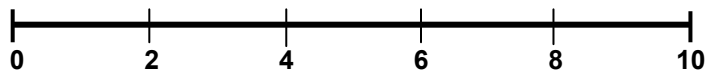


body part

Avg.

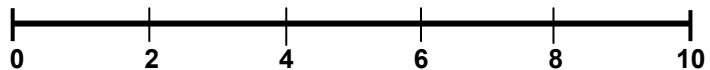


Peak

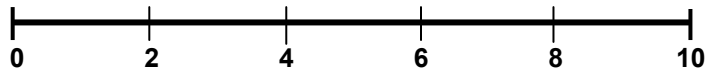


body part

Avg.

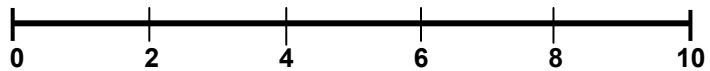


Peak



body part

Avg.



Local Contact Stress

Peak



Avg.



Vibration Exposure

