

ANNEX 3

- Task data sheet



ErgoCheck

(1 de 6)

Task:

Company:

Date:

Observations:

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Task sheet:

Location of the task analyzed in the company

Description of the task

Number of workers

Outstanding organizational aspects (schedules, shifts, breaks, flexibility, etc)

Previous incidents recorded (complaints, accidents, injuries, etc)

Previous ergonomic interventions performed (describe)

Observations on the analysis

ErgoCheck - LEVEL I - Inicial Identification

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Below are detailed the items of the ergonomics identification checklist (Level I). Each item marked indicates a possible risk situation, which requires a more detailed information. For each item completed in level I, the section of the level II list to be filled in is indicated.

- Are there in the workplace or task analysed workers who can be especially sensitive to the risks arising from work (people with disabilities, injured workers, pregnant women, workers over 50, etc.)?---**LEVEL II, SENSITIVE WORK.**
- Are there situations in the workplace or task analysed that may give rise to psychosocial risks (such as high psychological demands, little control over work, conflicts between workers and/or people in charge, discomfort perceived, etc.)? --- **LEVEL II, PSYCHOSOCIAL ASP**
- Does any body segment (neck, trunk, arms, hands/wrists or feet) adopt a position that is away from the neutral posture frequently and for a long period of time? --- **LEVEL II, POSTURES/REPETITIVENESS**
- Is it necessary to stand for a long time?--- **LEVEL II, POSTURES/REPETITIVENESS**
- Is it necessary to kneel, squat or sit on the floor? --- **LEVEL II, POSTURES/REPETITIVENESS**
- Does the work involve performing repetitive movements (the same movement is repeated several times) with any body segment (neck, trunk, arms, hands/wrists)? **LEVEL II, POSTURES/REPETITIVENESS**
- Have any annoying situations been detected related to temperature, noise, lighting, ventilation, etc? -- **LEVEL II, ENVIRONMENTAL CONDITIONS**
- Are objects weighing 3 kg or more manually lifted and/or heavy elements carried, pushed or pulled? --- **LEVEL II, MMH**
- Does any task performed involve applying force (apart from load handling) with the hands, arms, trunk or legs/feet? --- **LEVEL II, FORCE**
- Does any task performed involve using display screens for more than 2 hours? --- **LEVEL II, DISPLAY SCREENS**
- Have any problems been detected regarding work heights (very high or very low), reaches (too far) and/or working space (insufficient or inadequate)? --- **LEVEL II, SPACE**
- Have any situations been detected in which the tools, controls and/or indicators are inadequate (shape, size, weight, comfort, etc.) for the task being performed? --- **LEVEL II, ELEM. AND EQUIPMENT**

ErgoCheck - LEVEL II - Detailed Check

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SENSITIVE WORKERS

- Is there any worker over the age of 50 in the workplace?
- Is there any person with physical, sensory or psychic disabilities in the workplace?
- Is there any pregnant woman in the workplace?
- Is there any minor (16 to 18 years old) in the workplace?
- Is there any worker in the workplace who has returned to work after a sick leave?

PSYCHOSOCIAL ASPECTS

- Have any workers complaints or problems been detected in the workplace regarding the work pace, the distribution and number of tasks or the need to hide emotions?
- Have any complaints or problems been detected regarding the lack of worker's control over the number, distribution or type of tasks in the workplace?
- Have any complaints been detected in relation to job instability or working conditions insecurity (working hours, tasks, salary, etc.)?
- Have any workers' complaints or problems been detected in relation to the information they receive to perform their tasks or about their relationships with colleagues and managers?

POSTURES/REPETITIVENESS

Type of task / activity

- Non-repetitive tasks involving a wide variety of postures that are difficult to characterize
- Non-repetitive tasks in which it is possible to identify the most representative positions (frequent and/or arduous)
- The activity is clearly repetitive (the work cycle is always repeated in the same way), there are movements of the arms and hands, and the neck posture is relevant..

The activity is clearly repetitive (the cycle is always repeated in the same way) and the movements are mainly performed by the arm, elbow joint and hand.

Adopted postures

- Moderate trunk flexion (between 20°- 60°) or high trunk flexion (above 60°)
- Trunk in extension (tilted backwards)
- Trunk tilted to one side or rotated (clearly visible)

ErgoCheck - LEVEL II - Detailed Check

(4 de 6)

Adopted postures continued

- Moderate arm/s flexion (between 20° and 60°), without support
- High arm/s flexion (near or above shoulder height), without support
- Arm/s extension (backwards)
- Wrist/s with high flexion/extension, laterally deviated and/or turned
- Elbow/s with high flexion/extension
- Neck highly bent forward (flexion) or backward (extension) and/or laterally tilted or rotated in a clearly visible manner
- Standing, without moving (for example, in front of a work bench or a conveyor belt)
- Standing with knees bent
- Standing posture, supporting almost all the body weight on one leg
- Kneeling or squatting posture

ENVIRONMENTAL COND.

- Are there situations in which temperature is inadequate (very hot or cold, high or very low humidity, or lack of adequate heating/cooling systems)?
- Are there annoying drafts?
- Have the workers complained about hot or cold conditions?
- Are there high noise situations that make it difficult for workers to speak or concentrate during any task over the workday?
- Are there unfavourable lighting conditions in the workplace (poor or insufficient lighting, reflections, glares, lack of natural light, etc.)?
- Are there any problems or complaints regarding ventilation (stale air, bad smells, etc.)?

MMH

Manual Material Handling Situations

- Are loads greater than 3 kg handled in any of the following situations?
 - Above shoulder level or below the knees.
 - Away from the body.
 - With the trunk rotated.
 - With a frequency greater than once per minute.
- Are loads handled by adopting poor posture (straight legs, trunk bent, etc.)?

ErgoCheck - LEVEL II - Detailed Check

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Manual material handling situations continued

- Are difficult-to-handle loads handled (irregular shapes, large sizes, moving parts, no handles or inadequate handles)?
- Are loads handled in a sitting position?
- Are loads heavier than 3 kg manually carried over distances greater than 2 meters?
- Are heavy loads pushed or pulled on carts or any other element or surface that has castors or which makes them easier to move?
- Are people handled, moved, or transferred?

Manual Material Handling Organization

- Is manual materials handling (lifting, pushing or pulling) always the same? That is, the conditions do not significantly change during the task (for example, loads of the same weight are lifted, always in the same way, from and to the same place, etc.).
- Is manual materials handling (lifting, pushing or pulling) different? That is, some conditions significantly change (weight, load position at origin or destination, etc.), load lifting is combined with carrying, or pushing is combined with pulling.
- Do load handling conditions greatly vary? (For example, in warehouse order picking, where many objects with different weights are lifted, at very different heights and/or depths, with or without trunk rotation, etc.).
- Are there different tasks of manual materials handling that are performed in a specific sequence or rotation throughout the working day? The working height is not adapted to the type of task and the dimensions of each worker

FORCE

- Do the tasks performed require significant force exertion with the foot (for example, when operating pedals)?
- Do the tasks performed require significant force exertion with the hand to hold, grasp, grip or adjust elements?
- Do the tasks performed require significant force exertion with the arm and/or the entire body while standing or sitting (for example, when operating levers, pushing or pulling objects with no castors or rollers to support them, etc.)?
- Does any action involve that the worker uses any part of their body (hands, knees, elbows, etc.) as a tool by repeatedly pressing or hitting?

DISPLAY SCREEN / OFFICE

- Are the screen and the main controls (buttons, computer, keyboard, mouse) incorrectly placed (very high or very low, on one side, very close or very far from the worker)?
- Is the worker sitting incorrectly (back not leaning on the backrest, feet not properly supported on the floor, arms too raised, no arms support)? Or has the worker said that the chair is uncomfortable?
- Is there not enough clear space under the table for the legs and thighs?
- Is there not enough space on the table to properly arrange the work items and/or to adequately support the forearms?
- Can the worker not properly support the feet on the floor while sitting?

SPACE/HEIGHTS/REACHES

- Does the work height not adapt to the type of task and the dimensions of each worker? Specifically, one of the following situations occurs when the worker is standing:
 - In precision tasks, the work height is not 5-10 cm above the height of the worker's elbows.
 - In light tasks, the work height is not 10-15 cm below the height of the worker's elbows.
 - In heavy tasks, the work height is not 15-30 cm below the height of the worker's elbows
- When the worker is sitting, is the height of the work surface not approximately at the level of the elbows?
- Are reaches performed laterally or behind the body?
- Is there not enough space on the work surface (table, work bench, etc.) to adequately arrange the different elements or objects used by the worker?
- Does the worker have not enough space to comfortably move their legs (under the table or work bench, for example) or body?

ELEMENTS - EQUIPMENT

- Are the tools used not specific to the task being performed or in poor condition?
- Is the handle of the tools uncomfortable (unsuitable thickness, length, shape or material)?
- Are heavy tools without support/suspension used (generally >2.3 kg or >0.4 kg in precision tasks)?
- Is there vibration transmission from the tools or the machinery used?
- Are the controls of the machines (levers, handwheels, push-buttons,) inadequate or uncomfortable to operate (they are too far, difficult to use, require strength, etc.)?
- Are the indicators (screens, displays, light warnings, etc.) difficult to see (they cannot be properly viewed, they do not have enough contrast, there are reflections, etc.) or to understand?
- Are the pedals difficult to operate and/or cannot be operated by both feet?

Manual Material Handling – Lifting

Single task

Task:

Multiple task

Subtask:

of the task:

Company:

Date:

Observations:

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Population: general more protection

Variables

Duration: short moderate long

Load mass (kg.):

Frequency (lif/min.):

Origin

Destination

Horizontal location (cm.):

Vertical location (cm.):

Angle of asymmetry (°):

Type of grip (good, fair, poor):

Control at destination: yes no

One handed operation: yes no

Two person operation: yes no

Additional task:

yes

no

Manual Material Handling – Carrying

Multiple task

Subtask:

of the task:

Company:

Date:

Observations:

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Population: general more protection

Variables

Load mass (kg):

Distance traveled (m):

Frequency (carries/min):

Height of the grip: hips elbows

Manual Material Handling – Pulling

Single task

Task:

Multiple task

Subtask:

of the task:

Company:

Date:

Observations:

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.....
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Population: general more protection

Variables

Initial force (kg):

Sustained force (kg):

Distance (m):

Frequency (pull/min):

Grip height (cm.):

Manual Material Handling – Pushing

Single task

Task:

Multiple task

Subtask:

of the task:

Company:

Date:

Observations:

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Population: general more protection

Variables

Initial force (kg):

Sustained force (kg):

Distance (m):

Frequency (push/min):

Grip height (cm):

Injured MMH

(1 of 1)

Task:

Company:

Date:

Observations:

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Variables

Load mass (kg):

Handling conditions

- **Horizontal location**
 - close (until 30 cm)
 - far (30-60 cm)
- **Vertical location**
 - floor level
 - knee level
 - waist level
 - shoulder level
- **Trunk twisting**
 - 0-30°
 - 30-60°
 - 60-90°

Manual Patient Handling (MAPO) – Hospitalization

Task/Area:

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Company/Center:.....

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Date:

Observations:

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Type

Checklist

Analytical

General

Total number of operators who perform Manual Patient Handling:

Number of operators who perform Manual Patient Handling in 24 hours (OP):

Nurses			Assistants			Porters		
M	E	N	M	E	N	M	E	N

Patient typology:

Patient typology	<u>Noncooperative patients (NC)</u>	<u>Partially cooperative patients (PC)</u>	<u>Total of disabled patients who require MPH (D)</u>

Maneuvers

<u>Manual Patient Handling Tasks</u>	No. of total liftings						No. of partial liftings					
	Manuals			Aided			Manuals			Aided		
Working shifts	M	E	N	M	E	N	M	E	N	M	E	N
Moving up in bed towards the headboard												
Bed to wheelchair/armchair												
Wheelchair/armchair to bed												
Bed to stretcher												
Stretcher to bed												
Wheelchair to toilet												
Toilet to wheelchair												
Turning over in bed and repositioning												
Lifting from sitting to standing posture												
Other:												
TOTAL												

Observations:

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Training

Was there any specific TRAINING in Manual Patient Handling?	YES	NO	INFORMATION (use of equipment or informative brochures)		
If the answer is YES How many months ago?			Was there any training in the use of equipment?	YES	NO
How many hours/operator?			Were any informative brochures on Manual Patient Handling delivered?	YES	NO
How many operators?			If the answer is YES How many operators?	YES	NO
Was the effectiveness of the training/information verified?				YES	NO

Help equipment

<u>Equipment and help to lift disabled patients</u>	<u>Number</u>
Lift: Equipment for patient total lifting with adjustable electric mechanism	
Height-adjustable stretcher: stretcher whose height can be changed	
Height-adjustable bed (total)	
Height-adjustable bed: Bed which is at least adjustable in height (electric or hydraulic mechanism) and three articulation nodes	
Sliding sheet	
Sliding boards	
Ergonomic belt	
ROLLBORD	
Active or sit-to-stand hoist, thoracic band lift	
Other:	

The following tabs should be completed ONLY if ANALYTICAL mode is chosen

Wheelchair

Total number of wheelchairs	
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<u>Characteristics of ergonomic inadequacy</u>	<u>Number</u>
Malfunctioning brakes	
Non-removable or folding armrest	
Inadequate backrest H >90cm; Incl. > 100°	
Maximun inadequate width > 70 cm	
Non-removable or non-folding footrest (<i>descriptive</i>)	
Poor maintenance (<i>descriptive</i>)	

Bathroom

Total number of bathrooms with shower/bath	
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<u>Characteristics of ergonomic inadequacy</u>	<u>Number</u>
Free space inadequate for use of aids	
Door width less tan 85 cm	
Presence of fixed obstacles	
Door inward opening (<i>descriptive</i>)	
Presence of a shower (<i>descriptive</i>)	
Fixed bathtub (<i>descriptive</i>)	

WC

Total number of toilets (WC)	
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<u>Characteristics of ergonomic inadequacy</u>	<u>Number</u>
Free space insufficient to turn around a wheelchair	
Insufficient height of WC (below 50 cm)	
Absence or inadequate side grab bar in the toilet	
Door width less than 85 cm	
Space at side of WC less than 80 cm	
Door inward opening (<i>descriptive</i>)	

Rooms

Total number of rooms	
-----------------------	--

<u>Characteristics of ergonomic inadequacy</u>	<u>Number</u>
Space between beds or between bed and wall less than 90 cm	
Space between foot of bed and wall less than 120 cm	
Unsuitable bed: one section has to be manually lifted	
Space between bed and floor less than 15 cm	
Height of armchair seat less than 50 cm	
Presence of non-removable obstacles (<i>descriptive</i>)	
Fixed-height bed (<i>descriptive</i>)	
Inadequate side bars (they are an obstacle) (<i>descriptive</i>)	
Door width (<i>descriptive</i>)	
Bed without wheels (<i>descriptive</i>)	

Manual Patient Handling (MAPO) – Surgical Unit

Task/Area:

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Company/Center:

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Date:

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Observations:

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Type

Checklist

Analytical

General

Total number of operators who perform Manual Patient Handling:

Number of operators who perform Manual Patient Handling in 24 hours (OP):

Nurses			Assistants			Porters		
M	E	N	M	E	N	M	E	N

Intervention typology:

Intervention typology	General Anesthesia (GA)	Local Anesthesia (LA)	Number of procedures requiring patient handling (NS)
gv			

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(2 of 4)

Maneuvers

<u>Manual Patient Handling Tasks</u>	No. of lifts general						No. of lifts local anesthesia					
	Manuals			Aided			Manuals			Aided		
<u>Working shifts</u>	M	E	N	M	E	N	M	E	N	M	E	N
Bed to stretcher												
Stretcher to operating table												
Operating table to stretcher												
Stretcher to bed												
Stretcher to stretcher												
From prone to supine												
From supine to prone												

Observations:

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Training

Was there any specific training in Manual Patient Handling?	YES	NO	INFORMATION (use of equipment or informative brochures)	
If the answer is YES How many months ago?			Was there any training in the use of equipment?	YES NO
How many hours/operator?			Where any informative brochures on Manual Patient Handling delivered?	YES NO
How many operators?			If the answer is YES How many operators?	YES NO
Was the effectiveness of the training/information verified?			YES	NO

The following tabs should be completed **ONLY** if **ANALYTICAL** mode is chosen

Stretchers

Total number of stretchers	
----------------------------	--

<u>Characteristics of ergonomic inadequacy</u>	<u>Number</u>
Malfunctioning brakes	
Not height-adjustable	
Inadequate side bars (they are an obstacle)	
Need to perform partial manual liftings	

Operating rooms

Total number of operating rooms	
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<u>Characteristics of ergonomic inadequacy</u>	<u>Number</u>
Operating table with side rails	
Non removable rails	
Inadequate space for use of aids	

Manual Patient Handling (MAPO) – Community Health Center

Task/Area:

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Company/Center:

.....

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Date:

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Observations:

.....

.....

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Type

Checklist

Analytical

General

Total number of operators who perform Manual Patient Handling:

Number of operators who perform Manual Patient Handling in 24 hours (OP):

Nurses			Assistants			Porters		
M	E	N	M	E	N	M	E	N

Patient typology:

Patient typology	<u>Non cooperative patients (NC)</u>	<u>Partially cooperative patients (PC)</u>	<u>Total of disabled patients who required MPH (D)</u>

Maneuvers

<u>Manual Patient Handling Tasks</u>	No. of total liftings		No. of total liftings	
	Manuals	Aided	Manuals	Aided
Stretcher to exam bed				
Wheelchair to exam bed				
Ward bed to exam bed				
Exam bed to stretcher				
Exam bed to wheelchair				
Exam bed to ward bed				
Turning over in bed and repositioning	-----	-----		
Trunk lifting	-----	-----		
Other	-----	-----		
TOTAL				

Training

Was ther any specific TRAINING in Manual Patient Handling?	YES	NO	INFORMATION (use of equipments or informative brochures)		
If the answer is YES How many months ago?			Was there any training in the use of equipment?	YES	NO
How many hours/ operator?			Where any informative brochures on Manual Patient Handling delivered?	YES	NO
How many operators?			If the answer is YES, How many operators?	YES	NO
Was the effectiveness of the training/information verified?				YES	NO

The following tabs should be completed **ONLY** if **ANALYTICAL** mode is chosen

Stretchers

Total number of stretchers	
----------------------------	--

<u>Characteristics of ergonomic inadequacy</u>	<u>Number</u>
Malfunctioning brakes	
Not height-adjustable	
Inadequate side bars (they are an obstacle)	
Need to perform partial manual liftings	

Wheelchair

Total number of wheelchairs	
-----------------------------	--

<u>Characteristics of ergonomics inadequacy</u>	<u>Number</u>
Malfunctioning brakes	
Non-removable or folding armrest	
Inadequate backrest H >90cm; Incl. > 100°	
Maximun inadequate width > 70 cm	
Non-removable or non-folding footrest (<i>descriptive</i>)	
Poor maintenance (<i>descriptive</i>)	

Exam rooms

Total number of exam rooms	
----------------------------	--

<u>Characteristics of ergonomic inadequacy</u>	<u>Number</u>
Free space inadequacy for use of aids	
Exam bed not height adjustable	
Inadequate stretcher side flaps	
Part of exam bed needs to be raised manually	
Patient armchair height less than 50 cm	
Door width < 85 cm	

Rooms (day hospital)

Total number of rooms	
-----------------------	--

<u>Characteristics of ergonomic inadequacy</u>	<u>Number</u>
Space between beds or between bed and wall less than 90 cm	
Space between foot of bed and wall less than 120 cm	
Unsuitable bed that needs to be partially lifted	
Space between bed and floor less than 15 cm	
Patient armchair height less than 50 cm	

Repetitive Tasks

(1 of 2)

Task:

Company:

Date:

Observations:

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Subtasks

	Subtask	Exposure (% of total task)	Arms Rep. (rep/min)	Hands Rep. (rep/min)
1.
2.
3.
4.
5.

Postures

	Posture	Time (% of total subtask)	Subtask
1.
2.
3.
4.
5.
6.
7.

- 8.
- 9.

Repetitive Task – Posture

(2 de 2)

Subtask:

Posture:

Time (% of total subtask):

Neck

Flexion or extension:

- flexion 0-10°
- flexion 10-20°
- flexion > 20°
- extension

Lateral tilt: yes no

Torsion: yes no

Arms

Flexion or extension:

- extension > 20°
- between 20° extension and 20° flexion
- flexion 20-45°
- flexion 45-90°
- flexion > 90°

Wrists

Flexion or extension:

- neutral position (0°)
- flexion or extension < 15°
- flexion or extension > 15°

Radial or ulnar deviation: yes no

Pronation or supination: yes no

Hand effort:

- light task (< 10% of maximum force)
- rather hard task (10-30% of maximum force)
- hard task (30-50% of maximum force)
- very hard task (50-80% of maximum force)
- nearly the maximum (> 80% of maximum force)

OCRA Multitask

(1 of 4)

Task:

Company:

Date:

Observations:

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Organization

Repetitive subtasks

Subtask	Description
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OCRA Multitask

(4 of 4)

Subtask

Technical action

Side

Observations - action

Force

Check the force exerted according to the Borg scale (or its equivalent as a % of the maximum voluntary contraction)

- | | | |
|-----------------------------------|----------------|-----------------------|
| <input type="checkbox"/> 0 | None at all | |
| <input type="checkbox"/> 0.5 | Extremely weak | (5% of MVC) |
| <input type="checkbox"/> 1 | Very weak | (10% of MVC) |
| <input type="checkbox"/> 2 | Weak | (20% of MVC) |
| <input type="checkbox"/> 3 | Moderate | (30% of MVC) |
| <input type="checkbox"/> 4 | Quite hard | (40% of MVC) |
| <input type="checkbox"/> ≥ 5 | Hard/very hard | ($\geq 50\%$ of MVC) |

Posture

Check if the following postures and movements of the upper limb occur

- | | | | |
|-----------------|--|--------------|--|
| Shoulder | <input type="checkbox"/> Flexion $\geq 80^\circ$ | Wrist | <input type="checkbox"/> Flexion/Extension $\geq 45^\circ$ |
| | <input type="checkbox"/> Extension $\geq 20^\circ$ | | <input type="checkbox"/> Radial/Ulnar dev. $\geq 20^\circ$ |
| | <input type="checkbox"/> Abduction $\geq 45^\circ$ | | |
| Elbow | <input type="checkbox"/> Flexion/Extension $\geq 60^\circ$ | Hand | <input type="checkbox"/> Pinch |
| | <input type="checkbox"/> Pronation $\geq 60^\circ$ | | <input type="checkbox"/> Hook |
| | <input type="checkbox"/> Supination $\geq 60^\circ$ | | <input type="checkbox"/> Palmar |
| | <input type="checkbox"/> Power | | |

Additional

Check if there are other additional risk factors

- Vibrations
- Countershocks
- Precision
- Compression
- Cold
- Gloves
- Imposedpace
- Otros

Postures [OWAS]

(1 of 2)

Task:

Company:

Date:

Sampling interval: seconds

Subtasks:

1	
2	
3	
4	
5	

Back	<ol style="list-style-type: none"> 1. Straight 2. Bent 3. Twisted 4. Bent and twisted
Arms	<ol style="list-style-type: none"> 1. Both below the shoulder 2. One above the shoulder 3. Both above the shoulder
Legs	<ol style="list-style-type: none"> 1. Sitting 2. Standing, legs straight 3. Standing on a straight leg 4. Standing, legs bent 5. Standing on a bent leg 6. Kneeling on one/both legs 7. Walking
Force	<ol style="list-style-type: none"> 1. Less than or equal to 10 kg 2. Between 10 and 20 kg 3. Greater than 20 kg

	Back	Arms	Legs	Force	Subtask		Back	Arms	Legs	Force	Subtask
1						26					
2						27					
3						28					
4						29					
5						30					
6						31					
7						32					
8						33					
9						34					
10						35					
11						36					
12						37					
13						38					
14						39					
15						40					
16						41					
17						42					
18						43					
19						44					
20						45					
21						46					
22						47					
23						48					
24						49					
25						50					

Postures [OWAS]

Observations:

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	Back	Arms	Legs	Force	Subtask		Back	Arms	Legs	Force	Subtask
51						91					
52						92					
53						93					
54						94					
55						95					
56						96					
57						97					
58						98					
59						99					
60						100					
61						101					
62						102					
63						103					
64						104					
65						105					
66						106					
67						107					
68						108					
69						109					
70						110					
71						111					
72						112					
73						113					
74						114					
75						115					
76						116					
77						117					
78						118					
79						119					
80						120					
81						121					
82						122					
83						123					
84						124					
85						125					
86						126					
87						127					
88						128					
89						129					
90						130					

Postures [REBA]

(1 of 4)

Task:

Company:.....

Date:

Observations:

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Subtasks

Postures

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Postures [REBA]

(2 of 4)

Posture data

Subtask: **Posture:**

Frequency: low medium high

Video reference:

Observations (posture):

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Group A – Trunk, Neck, Legs

• TRUNK

Select one option:

- Extension > 20°
- Extension up to 20°
- Upright
- Flexion up to 20°
- Flexion 20-60°
- Flexion > 60°

Check if there is also:

- Rotation
- Lateral tilt

• NECK

Select one option:

- Extension
- Flexion 0-20°
- Flexion > 20°

Check if there is also:

- Rotation
- Lateral tilt

• LEGS

Select one option:

- Bilateral support
- Walking
- Sitting
- Unilateral support or Unstable posture

Check if there is also:

- Knee(s) flexion 30-60°
- Knee(s) flexion > 60°
(except sitting)

Group B – Arms, Forearms, Wrists

Side (Right/Left):

• ARM

Select one option:

- Extension > 20°**
- Extension 20° to flexion 20°**
- Flexion 20-45°**
- Flexion 45-90°**
- Flexion > 90°**

Check if there is also:

- Arm abduction**

- Arm rotation**

- Shoulder raised**

- Arm supported in favor of gravity**

• FOREARM

Select one option:

- Flexion < 60°**
- Flexion 60-100°**
- Flexion > 100°**

• WRIST

Select one option:

- Flexion or extension 0-15°**
- Flexion or extension > 15°**

Check if there is also:

- Rotation**

- Lateral deviation**

Postures [REBA]

(4 of 4)

Force, Grip, Activity

• FORCE/LOAD

Select one option:

- < 5 kg
- 5-10 kg
- > 10 kg

Check if there is also:

- Sudden or abrupt force**

• GRIP

Select one optionn:

- Good** Appropriate handle and mid-range power grip
- Fair** Acceptable but not ideal, or acceptable using another body part
- Poor** Not acceptable although possible
- Unacceptable** Awkward, unsafe, without handles, or unacceptable using other body parts

• ACTIVITY

Check if the following conditions exist:

- Static** (sustained > 1 min)
- Repeated** (> 4 times/min, except walking)
- Large and rapid postural changes or unstable surface**

UNE EN 1005-3 [FORCES]

(1 of 3)

Task:

Company:.....

Date:

Observations:

.....

.....

.....

Population: general more protection

Subtasks

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....
- 7.....
- 8.....
- 9.....
- 10.....
- 11.....
- 12.....
- 13.....
- 14.....
- 15.....

UNE EN 1005-3 [FORCES]

(2 of 3)

Subtask data

Subtask:

Observations (subtask):

.....

• SUBTASK DURATION

Select one option:

- 1 hour or less
- Between 1 and 2 hours
- Between 2 and 8 hours

• ACTIVITY

Select one option:

Working with hand

- grabbing with the whole hand

Working with the arm

- Upwards
- Downwards
- Outwards
- Inwards
- Pushing with supported trunk
- Pushing with unsupported trunk
- Pulling with supported trunk
- Pulling with unsupported trunk

Working with the whole body

- Pushing
- Pulling

Working with the foot

- Action of the ankle
- Action of the leg

• MOVEMENT SPEED

Select one option:

- The action involves immobility or very slow movement
- The action involves noticeable movement

• SUBTASK FREQUENCY

Select one option:

Actions per minute

- Less than or equal to 0.2 actions/min
- Between 0.2-2 actions/min
- Between 2-20 actions/min
- More than 20 actions/min

Duration of each action

- Less than or equal to 3 seconds
- More than 3 seconds

• EXERTED FORCE (Kg). Measured with a dynamometer

Value 1	Value 2	Value 3	Value4

VALUE CONSIDERED OF THE FORCE EXERTED (kg)

Office

(1 of 3)

Task:

Company:

Date:

Observations:

.....

.....

Computer

- The top edge of the screen is above the level of the user's eyes.
- The visual distance between the screen and the eyes is <40 cm.
 - The screen is not in front of the user.
 - The keyboard is not in front of the user.
 - The keyboard tilt is not adjustable and/or does not remain stable in the chosen position.
 - The horizontal distance between the front edge of the table and the keyboard is <10 cm.
 - The size of the screen (measured diagonally) is <35 cm. (14") for tasks that imply reading, or <42 cm. (17") for tasks including graphics.
 - The mouse is not designed for left-handed people to comfortably handle it.
 - When using the mouse, the forearm cannot be supported on the work surface or the arm is excessively stretched.
 - The worker has difficulty reading the information on the screen due to the small size of the characters, the unstable image or an improper adjustment of brightness and contrast between the screen background and the characters.
 - The worker has difficulty reading documents (in paper) when working with display screens (for example, in data entry tasks), due to factors such as the character size or the contrast between the characters and the document background.

Office

(2 of 3)

Chair

- Some accessible parts of the chair may have rough edges, protrusions or coatings which might cause injuries.
- The chair is not stable and may fall over when leaning on the edge of the seat, the back, or one of the armrests.
- The seat or back are not padded or are made of a non-breathable material.
- The chair does not have a swiveling seat.
- The base of the chair does not have 5 legs on rolling casters.
- The seat height is not adjustable while seated.
- The seat back is not adjustable while seated.
- The dimensions of the back do not support the back properly.
- When the worker leans back completely on the chair back, the seat edge will press the back of the legs.
- The chair does not have armrests.
- The armrests hit the edge of the table and prevent the user from getting closer to it.

Table

- The edges and corners are not rounded or there are protrusions that can cause injuries.
- There are drawers or cross planks below the central part of the board.
- The table does not have a matte finish and is not a soft color.
- The table height is approximately the height of the user elbows when seated.
- The free space under the table is not enough to accommodate the user.
- The surface of the main board is not enough to place all the work elements and to perform the task comfortably.

Accessories

- The worker does not have a footrest in case needed (to use it, for example, when the feet are not entirely supported on the ground once the seat height has been properly adjusted with respect to the height of the table).
- There is no special support or holder to place documents in those tasks that require reading often.

Environment

- Workers think that the light level is not sufficient to perform the task comfortably.
- The visual field of the worker includes bright light sources that produce direct glare (ceiling lights, windows, auxiliary lamp of a nearby workstation, etc.).
- The visual field of the worker includes reflections that produce indirect glare (from the screen, keyboard, desk, other computers, floor, etc.).
- The noise level in the office is so high that it interferes with the communication or concentration of the workers.
- Workers think that the temperature in the workplace is not suitable.
- In the space that surrounds the table where the chair of the worker is the minimum free surface is $<2 \text{ m}^2$, or the distance between the frontal edge of the table and the closest obstacle behind the worker is $<115 \text{ cm}$.

Organization

- The organization of the work, the task and the furniture arrangement do not promote voluntary change of posture.
- The worker has not been trained about the risks involved in the job and the preventive measures associated with them.
- Workers do not have instructions for use of the working elements (computer, desk chair, etc.) so that they can adjust their workstation.

ErgoMater

(1 of 3)

Task:

Company:

Date:

Worker:

Worker's opinion

How would you score the physical effort in your work (related to postures, movements, applied force, handling loads, work pace, etc.)?:

heavy normal light

Have you noted any change in working ability from the beginning of pregnancy?:

.....
.....
.....
.....

Postures and movements

- Standing for >1 hour in a row, in a static posture (without displacements)
- Standing for >4 hours/day, in a static posture or combined with displacements
- Trunk bending forward >20° or trunk bending sideways or twisting clearly visible, in a sustained manner (>1 minute in a row) or repeatedly (>2 times/min)
- Trunk bending forward >60° with a frequency of >10 times/hour
- Kneeling or squatting
- Wrist flexion, extension, lateral deviation and/or twisting clearly visible, in a sustained manner (>1 minute in a row), repeatedly (>2 times/min) and/or applying force
- Sitting for >2 hours in a row
- Sitting with legs hanging off the seat and no support for the feet
- Sitting without suitable backrest for the trunk
- Sitting without enough space under the work surface to comfortably move the legs

ErgoMater

(2 of 3)

Manual materials handling

- Handling loads over the **ACCEPTABLE MASS**.
(record the **handling conditions** on the attached sheet)
- Pushing or pulling forces over 10 kg
- Handling loads >3 kg or applying considerable force while sitting

Environment

- Working on elevated surfaces (step ladders, platforms, step stools, etc.)
- Moving on unstable, irregular or slippery surfaces (floors with obstacles or holes, slippery areas, etc.)
- Risk of blows or compression to the abdomen (confined spaces, moving objects, constrictive belts or safety harnesses, sudden starts and stops in vehicles, etc.)

Organization

- Working >40 hours/week
- Night work, either fixed or in rotating shifts
- Paced work without self-selected breaks

Observations:

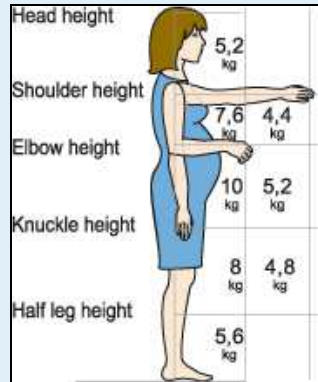
.....

.....

.....

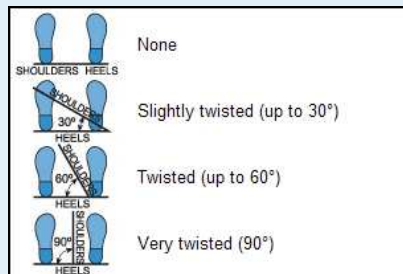
Handling conditions

- **Handling zone** (mark on the illustration):

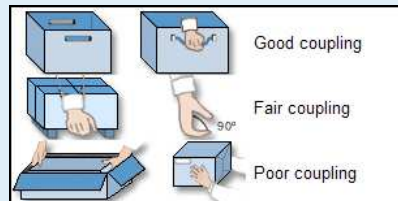


- **Vertical displacement:**
 - up to 25 cm
 - up to 50 cm
 - up to 100 cm
 - up to 175 cm
 - >175 cm

- **Trunk twisting** (mark on the illustration):



- **Coupling** (mark on the illustration):



- **Duration:** ≤1 hour 1-2 hours 2-8 hours

- **Frequency:** times/min