

PPHSA ERGONOMICS CHECKLIST MANUAL MATERIALS HANDLING

ANALYST'S NAME _____	DATE _____	TIME _____
COMPANY _____	DEPARTMENT NAME _____	
JOB NAME _____		
BRIEF DESCRIPTION OF SPECIFIC TASK _____		

If the answer to any of the following questions is "YES", further analysis of the risks associated with the MMH task may be required!

	YES	NO
Are any of the weights handled at this job more than 23 kg?	<input type="checkbox"/>	<input type="checkbox"/>
Does the job/task require:		
Postures:	YES	NO
• lifting/lowering from/to below knee height	<input type="checkbox"/>	<input type="checkbox"/>
• handling objects above shoulder height	<input type="checkbox"/>	<input type="checkbox"/>
• lifting/lowering with arms fully extended	<input type="checkbox"/>	<input type="checkbox"/>
• bending and twisting while lifting/lowering/pushing/pulling	<input type="checkbox"/>	<input type="checkbox"/>
• lifting/lowering objects with a pinch grip	<input type="checkbox"/>	<input type="checkbox"/>
• lifting/lowering while continuously bent over	<input type="checkbox"/>	<input type="checkbox"/>
• other awkward or difficult lifting postures, i.e. lying on back or side, crouching in small space, etc.	<input type="checkbox"/>	<input type="checkbox"/>
General demands:		
• lifting/lowering of weights <23 kg (>once every 5 minutes)	<input type="checkbox"/>	<input type="checkbox"/>
• repetitive lifting/lowering (>2 per minute)	<input type="checkbox"/>	<input type="checkbox"/>
• forceful and/or repetitive pulling/pushing tasks	<input type="checkbox"/>	<input type="checkbox"/>
• throwing or catching of objects	<input type="checkbox"/>	<input type="checkbox"/>
• lifting objects by two or more people	<input type="checkbox"/>	<input type="checkbox"/>
• frequent carrying of objects for >3 meters	<input type="checkbox"/>	<input type="checkbox"/>
• carrying of objects up/down stair/ladders	<input type="checkbox"/>	<input type="checkbox"/>
• very accurate placement of objects	<input type="checkbox"/>	<input type="checkbox"/>
• handling of fragile objects	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
<p>For lifting/lowering, carrying, holding is load/container:</p> <ul style="list-style-type: none"> • hard to hold onto (no handles, sharp edges, vibrating, etc.) • large and/or bulky • unbalanced or unstable • hard or impossible to see over 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>For pushing/pulling, does the bin/cart/container</p> <ul style="list-style-type: none"> • have small wheels • require a lot of effort to get moving • require a lot of effort to keep moving 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Environmental conditions:</p> <ul style="list-style-type: none"> • is the task performed in cold conditions • is there inadequate lighting in the work area • are the floors slippery, uneven, or cluttered • are workers exposed to whole body vibration 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Work organization factors:</p> <ul style="list-style-type: none"> • employees have not been trained in MMH • no assistance is available for MMH if required • is MMH performed for extended periods (i.e. overtime) • is the pace of MMH machine controlled • does the pace of MMH vary greatly over a shift • does the weight of objects handled vary during the shift • are hoists or other lifting devices provided but not used 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Personal</p> <ul style="list-style-type: none"> • are some employees not "fit" for MMH tasks (not healthy or fit, not used to MMH tasks) • is task performed by older employees or those who have had recurring musculoskeletal injuries (i.e. back, shoulder, etc) • is the MMH task made more difficult due to PPE • does the task require high levels of strength 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Other Factors:</p> <ul style="list-style-type: none"> • does the job have a history of muscle strain, hernias or other injuries related to MMH • do workers complain of pain, discomfort or fatigue • do workers avoid doing this task • is it difficult to find employees capable of performing this job or task 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

If the answer to any of the checklist questions is "YES", further analysis may be required. Investigations should be conducted (questions, discussions, quantitative analysis) to determine whether the identified risk factor is of sufficient size, frequency and/or duration to require reduction or elimination.