












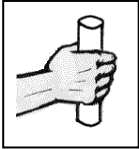
MSD RISK ID & ASSESSMENT TOOL

Job Title or Task: _____ Date: _____


Completed By: _____

AWKWARD POSTURE:	IF ANY OF THE FOLLOWING CRITERIA ARE PRESENT, MARK THE ASSESSMENT BOX	<input style="width: 40px; height: 20px; border: 1px solid black; border-style: double;" type="checkbox"/>	Notes
Neck	<p>Worker performs <u>any</u> minimum joint deviations:</p> <ul style="list-style-type: none"> Working with the neck bent more than 30° in any direction for more than 2 hours total per day <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Side </div> <div style="text-align: center;">  Backward </div> <div style="text-align: center;">  Forward </div> </div> <p style="text-align: center;">(circle the appropriate movements)</p>		
Shoulder	<ul style="list-style-type: none"> Working with the hand(s) above the head more than 2 hours total per day Working with the elbow(s) above the shoulder more than 2 hours total per day Working with the back bent more than 30° in any direction for more than 2 hours total per day 		
Back	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Forward </div> <div style="text-align: center;">  Side </div> <div style="text-align: center;">  Backward </div> <div style="text-align: center;">  Twisted </div> </div> <p style="text-align: center;">(circle the appropriate movements)</p>		
Knees	<ul style="list-style-type: none"> Worker squats/ kneels more than 2 hours total per day <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Squat </div> <div style="text-align: center;">  Kneel </div> </div> <p style="text-align: center;">(circle the appropriate movements)</p>		

LIFT/LOWER FORCE	IF ANY OF THE FOLLOWING CRITERIA ARE PRESENT, MARK THE ASSESSMENT BOX	<input style="width: 40px; height: 20px; border: 1px solid black; border-style: double;" type="checkbox"/>	Notes
1	<ul style="list-style-type: none"> Lifting objects weighing more than 75 lbs. (1/day) 		
2	<ul style="list-style-type: none"> Lifting objects weighing more than 25 kg (55 lbs.) more than 10 times per day. 		
3	<ul style="list-style-type: none"> Lifting objects weighing > 5 kg (10 lbs.) if done more than twice per minute, more than 2 hours total per day 		
4	<ul style="list-style-type: none"> Lifting objects weighing more than 11 kg (25 lbs.) more than 25 times per day and <ul style="list-style-type: none"> – Above the shoulders, or – Below the knees, or – At arms length from the body 		

GRIP FORCE	IF ANY OF THE FOLLOWING CRITERIA ARE PRESENT, MARK THE ASSESSMENT BOX 	<input data-bbox="1057 222 1154 302" type="checkbox"/>
Pinch Grip**	<ul style="list-style-type: none"> Pinch gripping an unsupported object(s) <u>weighing</u> 1 kg (2 lbs.) or more per hand for more than 2 hours total per day <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> Pinch gripping <u>with a force</u> of 2 kg (4 lbs.) or more per hand for more than 2 hours total per day <p style="text-align: center;">Pinch Grip </p>	Notes
Power Grip**	<ul style="list-style-type: none"> Power gripping an unsupported object(s) <u>weighing</u> 5 kg (10 lbs.) or more per hand for more than 2 hours total per day <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> Power gripping <u>with a force</u> of 5 kg (10 lbs.) or more for more than 2 hours total per day <p style="text-align: center;">Power Grip </p>	

**Note: A pinch grip occurs when the force application is primarily between the fingers and thumb.
A power grip occurs when the force is primarily between the fingers and the palm.**

CONTACT STRESS	IF ANY OF THE FOLLOWING CRITERIA ARE PRESENT, MARK THE ASSESSMENT BOX 	<input data-bbox="1057 1283 1154 1362" type="checkbox"/>
Hand (palm) Knee	<ul style="list-style-type: none"> Worker uses the one of the following as a hammer more than 10 times per hour and for more than 2 hours total per day 	Notes

REPEATED IMPACTS	CHECK (✓) HERE IF REQUIRED AT THIS JOB / TASK	NOTES
Hands / Knees	<ul style="list-style-type: none"> Employee uses one of the following as a hammer more than 10 times per hour and for more than 2 hours total per day. (Check the body part(s) that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Hand (heel/base of palm), or <input type="checkbox"/> Knee 	<input type="checkbox"/>

REPETITION		CHECK (✓) HERE IF REQUIRED AT THIS JOB / TASK	NOTES
Neck, shoulders, elbows, wrists, or hands	<ul style="list-style-type: none"> Worker repeats the same motion with the neck, shoulders, elbows, wrists, or hands every few seconds with little or no variation for more than 2 hours total per day (excluding keying activities) Check body parts that apply: <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder(s) <input type="checkbox"/> Elbow(s) <input type="checkbox"/> Wrist(s) <input type="checkbox"/> Hands	<input type="checkbox"/>	
Keyboarding	<ul style="list-style-type: none"> Worker performs intensive keying more than 4 hours total per day 	<input type="checkbox"/>	

HAND-ARM VIBRATION	IF ANY OF THE FOLLOWING CRITERIA ARE PRESENT, MARK THE ASSESSMENT BOX	<input style="border: 2px solid black; width: 40px; height: 20px;" type="checkbox"/>	Notes
1	<ul style="list-style-type: none"> Use high vibration tools (impact wrenches, carpet strippers, chain saws, jack hammers, scalers, riveting hammers) for more than 30 minutes total per day 	<input style="border: 2px solid black; width: 40px; height: 20px;" type="checkbox"/>	
2	<ul style="list-style-type: none"> Use moderate vibration hand tools (grinders, sanders, jig saws) that typically have moderate vibration levels more than 2 hours total per day 		

STATIC WHOLE BODY POSTURES		CHECK (✓) HERE IF REQUIRED AT THIS JOB / TASK	NOTES
Prolonged Sitting	<ul style="list-style-type: none"> Worker sits for more than 6 hours total per day 	<input type="checkbox"/>	
Prolonged Standing	<ul style="list-style-type: none"> Worker stands on a hard surface for more than 4 hours total per day (standing in one location without taking more than 2 steps in any direction) 	<input type="checkbox"/>	

NOTES: