Ergonomics Awareness Checklist

(※ Check each applicable item, and describe.)

● **Nature of Observation**	☐ Regular Observation	Occasional Observation ☐ Occurrence of musculoskeletal disorder patient ☐ Introduction of new hazardous jobs/facilities ☐ Change in working environments such as workload and job details
● **Date**		● **Name of Observer**
● **Department**		
● **Work Process**		
● **Job title**		

a. Workplace Conditions

● **Facilities**	☐ No change	☐ Changed (as of:)
● **Workload**	☐ No change	☐ Reduced (as of:) ☐ Increased (as of:) ☐ Others ( )
● **Work tempo**	☐ No change	☐ Reduced (as of:) ☐ Increased (as of:) ☐ Others ( )
● **Changes in Job title**	☐ No change	☐ Reduced (as of:) ☐ Increased (as of:) ☐ Others ( )

b Work Conditions

Phase I: Description of the Task (Filled out by the Inspector)

Job Title:
The tasks in this job are :

Phase II: Workload and frequency of each task (Interview with employees)

How hard is this task? (A)	Score	How often is this task done? (B)	Score
Very easy	1	Seasonally (one or two in every two months)	1
Easy	2	Occasionally (one to three days in a week)	2
Somewhat hard	3	Frequently (4 hours a day)	3
Hard	4	Constantly (4 hours or longer a day)	4
Very hard	5	Extended hours (8 hours or longer a day)	5

Tasks	Score for "how hard" (A)	Score for "how often" (B)	Total Scores (AxB)

Phase III: Assessment Statement of Risk Factors and Causes

Job Title	Name of Employee:

<Description of Hazardous Factors>

• Repetitive motions	Repeatedly performing the same actions with the same muscles, tendons or joints
• Awkward postures	Repeated or continuous positions such as extending, twisting and bending arms, overhead tasks, kneeling, squatting, posture fixed for an extended period, picking up something with fingers
• Forceful exertions	Actions demanding a large degree of muscular strength such as lifting, lowering, pushing, pulling, rolling, supporting, moving and throwing heavy objects
• Contact stress	Actions causing impacts on parts of the body by compressing wrists, palms and arms while contacting edges of worktables and using keyboards, tools and scissors, or repeatedly applying pressure to an object
• Vibration	Effects on particular parts of the body after working with vibrating objects such as a motorized device or systems
• Other factors	Low or high temperatures, and Insufficient Illuminance, etc.

Analysis of causes of risk factors examined for each task

Contributing Factors(CF)	Reason for CF	Total Scores
Task I		
Task II		

Questionnaires for Musculoskeletal Disorder Symptom Survey

I. Please fill in the following form:

Name		Age	_____Years
Gender	☐ Male ☐ Female	Employment at current business	_____Years and _____months
Job department	_____Department _____line _____tasks	Marital status	☐ Married ☐ Single
Current task (describe in detail)	Task: _____ Employment period in this task: _____Years and _____ months		
Daily work-hours	_____Hours Break during work-hours (except meal breaks): ____ times(about ____ minutes)		
Task prior to current task	Task: _____ Employment period in this task: _____Years and _____ months		

1. Select the following leisure and hobby activities that you regularly enjoy (two or three times a week and 30 minutes or longer each time):
   ☐ Activities relevant to computer ☐ Instrument playing (e.g., piano or violin)
   ☐ Knitting, embroidering, Calligraphy
   ☐ Tennis, badminton, squash ☐ Soccer, foot volleyball, basketball, skiing ☐ N/A

2. How many hours on average do you spend on housework (e.g., cooking, washing, cleaning and babysitting for child/children younger than two years)?
   ☐ Rarely ☐ Shorter than one hour ☐ Longer than one hour and shorter than two
   ☐ Longer than two hours and shorter than three ☐ Longer than three hours

3. Has a physician ever diagnosed you for any of the following diseases? (Check the applicable items.)
   (Diseases: ☐ Rheumatic arthritis ☐ Diabetes ☐ Lupus nephritis ☐ Gout ☐ Alcoholism)
   ☐ No ☐ Yes (If Yes, what is your current condition? ☐ Complete recovery
   ☐ Under treatment or observation)

4. Have you ever injured your hands, fingers, wrists, arms, elbows, shoulders, neck, waist, feet or legs in sports activities or accidents (e.g., traffic accident, tumbling or falling)?
   ☐ No ☐ Yes (If Yes, what is the injured part? ☐ Hand/finger/wrist ☐ Arm/elbow
   ☐ Shoulder ☐ Neck ☐ Waist ☐Foot/leg)

5. How would you describe the level of physical exertion required for your current task?
   ☐ Not hard ☐ Workable ☐ Slightly difficult ☐ Very difficult

II. Have you ever suffered aches or discomfort in your hands/fingers/wrists, arms/elbows, shoulders, waist, or feet/legs relevant to your work in the past year (such as ache, throbbing, stiffening, burning, numbness or prickling)?

☐ No (Thanks for your answers. You have answered all of the questionnaires.)

☐ Yes. (Please check the aching that applies on the following table and the applicable items along the vertical column.)

Aching part	**Neck ( )**	**Shoulder ( )**	**Arm/elbow ( )**	**Hand/wrist/ finger ( )**	**Waist ( )**	**Foot/leg ( )**
1. Specify the aching part.		☐ Right ☐ Left ☐ Both	☐ Right ☐ Left ☐ Both	☐ Right ☐ Left ☐ Both		☐ Right ☐ Left ☐ Both
2. **<u>How long</u>** does the aching last?	☐ Less than one day ☐ One day - less than one week ☐ One week - less than one month ☐ One month - less than six months ☐ Longer than six months	☐ Less than one day ☐ One day - less than one week ☐ One week - less than one month ☐ One month - less than six months ☐ Longer than six months	☐ Less than one day ☐ One day - less than one week ☐ One week - less than one month ☐ One month - less than six months ☐ Longer than six months	☐ Less than one day ☐ One day - less than one week ☐ One week - less than one month ☐ One month - less than six months ☐ Longer than six months	☐ Less than one day ☐ One day - less than one week ☐ One week - less than one month ☐ One month - less than six months ☐ Longer than six months	☐ Less than one day ☐ One day - less than one week ☐ One week - less than one month ☐ One month - less than six months ☐ Longer than six months
3. **<u>What is the degree</u>** of the ache? (See the description)	☐ Mild aching ☐ Medium aching ☐ Severe aching ☐ Extremely severe aching	☐ Mild aching ☐ Medium aching ☐ Severe aching ☐ Extremely severe aching	☐ Mild aching ☐ Medium aching ☐ Severe aching ☐ Extremely severe aching	☐ Mild aching ☐ Medium aching ☐ Severe aching ☐ Extremely severe aching	☐ Mild aching ☐ Medium aching ☐ Severe aching ☐ Extremely severe aching	☐ Mild aching ☐ Medium aching ☐ Severe aching ☐ Extremely severe aching
	<Description>	**Mild aching:** Mildly unpleasant, but no discomfort when concentrating on tasks. **Medium aching:** Ache felt during task, but relieved after resting at home. **Severe aching:** Relatively severe ache during task, that continues at home. **Extremely severe aching:** So severe that task as well as daily living are hard to endure.				
4. How many times have you suffered from the ache **<u>in the last year</u>**?	☐ Once in six months ☐ Once in two to three months ☐ Once a month ☐ Once a week ☐ Daily	☐ Once in six months ☐ Once in two to three months ☐ Once a month ☐ Once a week ☐ Daily	☐ Once in six months ☐ Once in two to three months ☐ Once a month ☐ Once a week ☐ Daily	☐ Once in six months ☐ Once in two to three months ☐ Once a month ☐ Once a week ☐ Daily	☐ Once in six months ☐ Once in two to three months ☐ Once a month ☐ Once a week ☐ Daily	☐ Once in six months ☐ Once in two to three months ☐ Once a month ☐ Once a week ☐ Daily
5. Did you suffer from the ache **<u>in the last week</u>**?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
6. Which action have you taken to relieve this ache **<u>in the last year</u>**?	☐ Clinic treatment ☐ Drug treatment ☐ Leave on medical & worker's compensation insurance ☐ Task change ☐ N/A Others ( )	☐ Clinic treatment ☐ Drug treatment ☐ Leave on medical & worker's compensation insurance ☐ Task change ☐ N/A Others ( )	☐ Clinic treatment ☐ Drug treatment ☐ Leave on medical & worker's compensation insurance ☐ Task change ☐ N/A Others ( )	☐ Clinic treatment ☐ Drug treatment ☐ Leave on medical & worker's compensation insurance ☐ Task change ☐ N/A Others ( )	☐ Clinic treatment ☐ Drug treatment ☐ Leave on medical & worker's compensation insurance ☐ Task change ☐ N/A Others ( )	☐ Clinic treatment ☐ Drug treatment ☐ Leave on medical & worker's compensation insurance ☐ Task change ☐ N/A Others ( )