



MSD HAZARDS CHECKLIST

Job Observed: _____

Date: _____

Completed by: _____

A “yes” answer to a question indicates the possibility of an adverse health effect and the need to assess the potential risk.

| RISK IDENTIFICATION | | YES | NO | COMMENTS |
|--|---|-----|----|----------|
| Records of Injuries | Are there records of injuries or accidents to indicate a risk of adverse health effects due to ergonomic factors in the task being evaluated? | | | |
| Employee Comments | Are there employee comments to indicate a risk of adverse health effects due to ergonomic factors in the job or task being evaluated? | | | |
| Physical demands of work tasks | Is forceful physical handling, such as carrying, lifting, lowering, pushing, pulling, a part of the job? | | | |
| | Are there contact forces exerted on to the body? | | | |
| | Does the employee have difficulty gripping an object or tool, which has a smooth, slippery surface? (e.g., oily part) | | | |
| | Are objects handled with a pinch grip? | | | |
| | Does the work involve repetitive motions or many similar movements? | | | |
| | Is the work fast-paced or controlled by a machine or process? | | | |
| | Are employees required to sit or stand continuously for more than two hours or in total for more than three hours in the shift? | | | |
| | Does the task require that any part of the body be maintained in a static posture? | | | |
| Does the task require the employee to work with any body part in an awkward position instead of a neutral one? | | | | |

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|--|--|-----|----|----------|
| Layout and condition of the workplace or workstation | Do working heights or reaches cause employees to bend or reach beyond a comfortable range? | | | |
| | Does the workplace layout require awkward or extreme movements? | | | |
| | Does the layout of the workstation restrict movements of the body, for example, by limiting leg room? | | | |
| | Do observations indicate problems with the design of seating? | | | |
| Layout and condition of the workplace or workstation (cont'd) | Are employees unsure of how to adjust their workstations? | | | |
| | Do floors or sloped surfaces, such as ramps, pose a risk of slipping, cause problems for employees who stand on them for long periods, or cause problems for pushing or pulling objects? | | | |
| Characteristics of objects handled | Are there problems handling an object due to its size, shape, or weight? | | | |
| | Are there problems handling an object due to its condition? For example, is the object fragile, unbalanced, or non-rigid? | | | |
| | Are handles on containers an inappropriate size or shape, or not strong enough for the weight and size of the object? | | | |
| | Are handles for tools or equipment inappropriate in size, shape, or height? | | | |
| | Is vibration from the tool or equipment transmitted to the operator's hand/arm? | | | |
| | Is the palm or base of the hand used like a hammer for striking? | | | |
| | Do objects, tools, or parts of the workstation with hard, sharp, or uneven surfaces put pressures on any body part? | | | |

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|--|---|-----|----|----------|
| Environmental conditions | Is the employee exposed to extreme temperatures (e.g., hot or cold)? | | | |
| | Are any parts of the body exposed to cold from exhaust air, cold liquids, or other objects? | | | |
| | Do employees assume awkward postures to overcome problems associated with glare, inadequate lighting, or poor visibility? | | | |
| | Is the employee's whole body exposed to vibration for significant portions of the workshift? | | | |
| Work clothing and PPE | If the employee wears gloves, do the gloves hinder gripping or restrict movement? | | | |
| | Do records, employee comments, or observations indicate fatigue or postural problems from the use of personal protective equipment? | | | |
| Characteristics of the organization of the work | Are there indications of excessive fatigue or pain, or symptoms of adverse health effects due to extended work days or overtime? | | | |
| | Are there indications of excessive fatigue or adverse health effects due to shiftwork or piecework? | | | |
| | Is there build-up of fatigue or a risk of adverse health effects due to insufficient rest periods or task variety? | | | |
| | Are tasks in a job rotation program similar to one another, and therefore not providing a variation in movements? | | | |
| | Do peak workloads or sudden increases in pace occur with the task? | | | |

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