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| **Work Process: Design Conventions and Human Behavior Checklist** |

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| **Company:** | Click or tap here to enter text. | **Workstation Name:** | Click or tap here to enter text. |
| **Prepared by:** | Click or tap here to enter text. | **Department:** | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. | **Document Number:** | Click or tap here to enter text. |

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| **"YES" response indicates potential problem area that should receive further investigation.** |
| **Is the task complex?** |
| * Does worker have to evaluate data before taking action?
 | Select YES or NO. |
| * Must the operator sense and respond to information signals occurring simultaneously from different machines without sufficient time to do so?
 | Select YES or NO. |
| * Must operator process information at rate that might exceed capability?
 | Select YES or NO. |
| * Is job so complex it takes a long time to train workers?
 | Select YES or NO. |
| * Does task require a great deal of accuracy?
 | Select YES or NO. |
| * Does work situation require monitoring several machines?
 | Select YES or NO. |
| **Is the task monotonous?** |
| * Does the worker repeat same task without change for entire shift?
 | Select YES or NO. |
| * Does the worker lose track of task at hand because it is overly monotonous?
 | Select YES or NO. |
| **Design and Use Standards** |
| * Are controls standardized on similar equipment?
 | Select YES or NO. |
| * Does design of any instrument increase reading errors? (Dials and instruments difficult to read quickly and accurately)?
 | Select YES or NO. |
| * Are controls difficult to reach and operate?
 | Select YES or NO. |
| * When all readings are correct, do pointers in a group of dials point in different directions?
 | Select YES or NO. |
| * Are dials grouped inconveniently?
 | Select YES or NO. |
| * Is dial too complex for level of information required?
 | Select YES or NO. |
| * Is it difficult to see immediately how a control is set?
 | Select YES or NO. |
| * Does reading instruments require a lot of head or body movement?
 | Select YES or NO. |
| * Does worker's hand obstruct dial when operating controls?
 | Select YES or NO. |
| * Is there a need to tell difference between parts by touch?
 | Select YES or NO. |
| * Is it difficult to recognize controls and tools by touch and/or position?
 | Select YES or NO. |
| * Does the task require fine visual judgments? (Includes need to detect small defects, judging distances accurately)?
 | Select YES or NO. |
| * Are controls, instruments and equipment placed where they are difficult to see?
 | Select YES or NO. |
| * Are warning lights located out of center of field of vision?
 | Select YES or NO. |
| **Training (Technical and Safety)** |
| * Is the workforce inadequately trained in the technical aspects of the job process and demands?
 | Select YES or NO. |
| * Is the workforce inadequately trained in the safe performance of the job tasks?
 | Select YES or NO. |
| * Is the workforce inadequately trained in methods (breaks, stretching, and warm-up activities) to control job fatigue?
 | Select YES or NO. |