ErgoSystems Ergonomics Risk Screen (ERS)												
	Company:				Date:				Department:			
STEP ONE	Prepared by:					Employees observed:			Link to Video/Photo:			
	Job/Task observed:								Type of Assessment:		gonomics Scree	
	observeu.	Check of	served nos	tures: if nost	ure nresent	complete F	orce, Duration,					Kreen
STEP TWO	Head/Neck/Eyes		Shoulders/Upper Back		Back (Mid/Low)		Arms/Elbo		Hands/Wrists/Fingers			/Feet
Check box below each image to select each	I I Look down >30 °	Look up >10°	Hands at/above head	Shrugged shoulders	Flexed forward >20°	Extended back >20°	L Fully extended	 R arm	L R Wrist flexed / extended >20°	L R Wrist bent to side	I I Squatting	I Kneeling
posture present R=Right L=Left						ñ			5			Ť
	Side bent >15°	Rotated >20 °	L R Reach behind body	L R Reach at shoulder level	Bent sideways >20°	Trunk Rotated >20°	L R Rotation of wrists/fo palms up/dow		L R Pinch Grip	L R Power Grip / Grasp	On one leg / up on toes	Stationary standing > 10'
	If Posture above is present, check one corresponding observed Force, Duration, Frequency and Time Weighted Multiplier											
	Head/Ne	ck/Eyes	Shoulders	/Upper Back	Back (N	/lid/Low)	Arms/Elbo	ws	Hands/W	rists/Fingers	Legs	/Feet
	1 pt: Med (Head weight) Always select Med Force if any Head/Neck posture is selected		(Head weight) rays select Med Force if 1 pt: Med 5#-10#		☐ 0 pt: Light <20# ☐ 1 pt: Med 21#-30#		☐ 0 pt: Light < 3# ☐ 0 pt: Light < 2# ☐ 1 pt: Med 2#-5#		0 pt: Light <2#		1 pt: Med (Body Weight) Always select Med Force if any Legs/Feet posture	
Force									ed 2#-5#			
			2 pts: He	eavy 11#-20#	☐ 2 pts: H	leavy 31#-40#	2 pts: Heavy	/ 9#-15#	2 pts: H	leavy 6#-15#	above is sele	cted
			3 pts:Ver	y heavy >20#	3 pts: Ve	ery heavy >40#	3 pts: Very he	eavy >15#	☐ 3 pts: V	ery heavy >15#		
	0 pt: Low	<10 sec	☐ 0 pt: Lov	w <10 sec	0 pt: Lo	w <10 sec	☐ 0 pt: Low <1	LO sec	O pt: Lo	w <10 sec	O pt: Lov	v <2 min
Duration (static)	1 pt: Med	l 10-45 sec	☐ 1 pt: M	led 10-45 sec	1 pt M	ed 10-45 sec	☐ 1 pt: Med 10	0-45 sec	1 pt: M	ed 10-45 sec	1 pt: Me	ed 2 -5 min
(static)	2 pts: Hig	gh >45 sec	2 pts: H	igh >45 sec	2 pts H	igh >45 sec	2 pts: High >	45 sec	2 pts: H	igh >45 sec	·	igh > 5 min
Frequency	0 pt: Low	v <0.5/min	0 pt: Lo	ow <0.5/min	0 pt: Lo	ow <0.25/min	0 pt: Low <0).5/min	0 pt: Lo	w <5/min	0 pt: Low If Stationary sta	
	1 pt: Med 0.5-5/min		1 pt: Med 0.5-5/min		1 pt: Me	d 0.25-3/min	1 pt: Med 0.5-5/min		1 pt: Med 5-10/min		1 pt: Med 0.5 - 1/min	
	2 pts: High	n >5/min	2 pts: H	ligh >5/min	2 pts: 1	High >3/min	2 pts: High >5	5/min	2 pts: H	igh >10/min	2 pts: H	ligh >1/min
Raw Score	0			0		0	0			0	(0

	1 hr or less	(0.75)	1 hr or le	ss (0.75)	1 hr or les	ss (0.75)	1 hr or le	ss (0.75)	1 hr or less	(0.75)	1 hr or le	ss (0.75)	
Time Weighted Multiplier	1 to 2 hrs (to 2 hrs (1.0)		(1.0)	1 to 2 hrs (1.0)		1 to 2 hrs	5 (1.0)	1 to 2 hrs (1	0)	1 to 2 hrs	(1.0)	
	2 to 4 hrs (4 hrs (1.25) 2 to 4 hr		(1.25)	1.25) 2 to 4 hrs (1.25)		2 to 4 hrs (1.25)		2 to 4 hrs (1	(1.25) 2 to 4 h		(1.25)	
	4 + hrs (1.5	5)	4 + hrs (1	.5)	4 + hrs (1	.5)	4 + hrs (1	5)	4 + hrs (1.5)	1	4 + hrs (1	5)	
Weighted Score	0			0	(0		0	0	0		0	
STEP	Score (per bo		-				-	_	-				
THREE Risk (per body part): For each body part determine risk level depending on total points for that body part: Low: 0 to 1 Medium: 2 - 3 High: ≥4													
STEP	FOUR		Othe	er Factors - Check All that Apply (1 point each)				STEP FIVE (Scores from Steps 3 & 4)			SCORE		
	Production/	Quality - W	ork Processe	s affected neg	affected negatively				1. Head/Neck/Eyes			0	
	Training - Inc	adequate sa	fety or proce	ss training					2. Shoulders/Upper Back			0	
	Vibration - C tool use (e.g. gr				Vibration - Of whole body, relating to driving vehicles (e.g. fork trucks)				3. Back (Mid/Low)			0	
	Hot Environ				Cold Environment exposure				4. Arms/Elbows			0	
	Contact Stress - Sharp edge pressure on body from workbench, tool				Contact Stress - Hard surface pressure on body from workbench, tool				5. Hands/Wrists/Fingers			0	
Wrong or incorrectly used:				On feet (standing or walking)> 50% of shift			6. Legs/Feet			0			
	Equipment				Controls		Tools		7. Other Factors (Step Four)		0		
	Workstation Chair Dis				Display		STEP FIVE RISK CATEGORIES						
	Foot support				Work surface height - too low/high				Corrective action		LOW:	LOW: 0 to <2	
	Ambient lighting too low				Ambient lighting too high			the 1-7 risk factors with a		MED: <u>></u> 2 to <4			
	Task lighting - Inadequate for precision assembly, inspection, etc.				Vision - Visual acuity difficulty in seeing parts/materials to assemble or inspect					HIG	H <u>≥</u> 4		
	Foot Contro			hile standing		STEP FOUR -	OTHER	0					
STEP SIX Risk Areas Step Five (Recommended for				Corrective Actions rany Risk Area from STEP FIVE with a score >1) Responsi				ible Person	Due Date		Status		
1. Head/ Neck/Eyes	0	Check if Low Risk, and No Corrective Action needed.									Select		
2. Shoulder / Upper Back	0	Check if Low Risk, and No Corrective Action needed.									Select		
3. Back		Check if Low Risk, and No Corrective Action needed.											

(Mid/ Low)	0				Select
4. Arms / Elbows	0	Check if Low Risk, and No Corrective Action needed.			Select
5. Hands/ Wrists/ Fingers	0	Check if Low Risk, and No Corrective Action needed.			Select
6. Legs/ Feet	0	Check if Low Risk, and No Corrective Action needed.			Select
7. Other Factors (Step 4)	0	Check if Low Risk, and No Corrective Action needed.			Select
STEP SIX (Continued)	Additional corrective ac	tions if needed		
Other Issues		Corrective Action (Recommended for any Risk Area from STEP FIVE with a score >1)	Responsible Person	Due Date	Status
					Select

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