

Time Weighted Multiplier	<input type="checkbox"/> 1 hr or less (0.75)	<input type="checkbox"/> 1 hr or less (0.75)	<input type="checkbox"/> 1 hr or less (0.75)	<input type="checkbox"/> 1 hr or less (0.75)	<input type="checkbox"/> 1 hr or less (0.75)	<input type="checkbox"/> 1 hr or less (0.75)
	<input type="checkbox"/> 1 to 2 hrs (1.0)	<input type="checkbox"/> 1 to 2 hrs (1.0)	<input type="checkbox"/> 1 to 2 hrs (1.0)	<input type="checkbox"/> 1 to 2 hrs (1.0)	<input type="checkbox"/> 1 to 2 hrs (1.0)	<input type="checkbox"/> 1 to 2 hrs (1.0)
	<input type="checkbox"/> 2 to 4 hrs (1.25)	<input type="checkbox"/> 2 to 4 hrs (1.25)	<input type="checkbox"/> 2 to 4 hrs (1.25)	<input type="checkbox"/> 2 to 4 hrs (1.25)	<input type="checkbox"/> 2 to 4 hrs (1.25)	<input type="checkbox"/> 2 to 4 hrs (1.25)
	<input type="checkbox"/> 4 + hrs (1.5)	<input type="checkbox"/> 4 + hrs (1.5)	<input type="checkbox"/> 4 + hrs (1.5)	<input type="checkbox"/> 4 + hrs (1.5)	<input type="checkbox"/> 4 + hrs (1.5)	<input type="checkbox"/> 4 + hrs (1.5)
Weighted Score	0	0	0	0	0	0
STEP THREE	Score (per body part): Total sum of points for selected Force, Duration, Frequency and Time Weighted Multiplier 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	Other Factors - Check All that Apply (1 point each)			STEP FIVE (Scores from Steps 3 & 4)	SCORE	
<input type="checkbox"/> Production/Quality - Work Processes affected negatively				1. Head/Neck/Eyes	0	
<input type="checkbox"/> Training - Inadequate safety or process training				2. Shoulders/Upper Back	0	
<input type="checkbox"/> Vibration - Of hand/arm, related to tool use (e.g. grinders, sanders, etc)	<input type="checkbox"/> Vibration - Of whole body, relating to driving vehicles (e.g. fork trucks)			3. Back (Mid/Low)	0	
<input type="checkbox"/> Hot Environment exposure	<input type="checkbox"/> Cold Environment exposure			4. Arms/Elbows	0	
<input type="checkbox"/> Contact Stress - Sharp edge pressure on body from workbench, tool	<input type="checkbox"/> Contact Stress - Hard surface pressure on body from workbench, tool			5. Hands/Wrists/Fingers	0	
Wrong or incorrectly used:	<input type="checkbox"/> On feet (standing or walking) > 50% of shift			6. Legs/Feet	0	
<input type="checkbox"/> Equipment <input type="checkbox"/> Fixture/Jig	<input type="checkbox"/> Controls	<input type="checkbox"/> Tools			7. Other Factors (Step Four)	0
<input type="checkbox"/> Workstation	<input type="checkbox"/> Chair	<input type="checkbox"/> Display	STEP FIVE RISK CATEGORIES			
<input type="checkbox"/> Foot support	<input type="checkbox"/> Work surface height - too low/high			Corrective action recommended for each of the 1-7 risk factors with a rating > 1	LOW: 0 to <2	
<input type="checkbox"/> Ambient lighting too low	<input type="checkbox"/> Ambient lighting too high				MED: ≥2 to <4	
<input type="checkbox"/> Task lighting - Inadequate for precision assembly, inspection, etc.	<input type="checkbox"/> Vision - Visual acuity difficulty in seeing parts/materials to assemble or inspect				HIGH ≥ 4	
<input type="checkbox"/> Foot Controls - use of foot controls while standing	TOTAL STEP FOUR - OTHER		0			
STEP SIX	Corrective Actions			Responsible Person	Due Date	Status
Risk Areas Step Five	(Recommended for any Risk Area from STEP FIVE with a score >1)					
1. Head/Neck/Eyes	0	<input type="checkbox"/> Check if Low Risk, and No Corrective Action needed.				Select
2. Shoulder / Upper Back	0	<input type="checkbox"/> Check if Low Risk, and No Corrective Action needed.				Select
3. Back		<input type="checkbox"/> Check if Low Risk, and No Corrective Action needed.				

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