Workplace Ergonomics Assessment

One per workstation or task · Canadian workplaces

Employer / company: _____ Workstation or task: _____

Assessed by: _____ Worker consulted: _____

Date: _____ Review date: _____

SCORING

Score every risk factor: **0** not present · **1** occasionally or mildly · **2** frequently or moderately · **3** constantly or severely. Total each section and use the band below.

SECTION TOTAL	RISK RATING	ACTION
0 – 5	Low	Monitor. Reassess on change or on worker report.
6 – 12	Moderate	Plan controls. Address within the current review cycle.
13 +	High	Act now. Interim controls today, engineering control planned.

SECTION A — OFFICE AND COMPUTER WORK

RISK FACTOR	WHAT TO LOOK FOR	SCORE	NOTE
Monitor height and distance	Top of screen at or slightly below eye level, about an arm's length away.		
Neck flexion or rotation	Head held turned or tilted to see the screen or documents.		
Shoulder elevation	Elbows lifted away from the body; keyboard or desk too high.		
Wrist deviation or extension	Wrists bent up, down or sideways while typing or using a mouse.		
Chair support	No lumbar support, seat pan too deep, no adjustment available.		
Feet unsupported	Feet dangling or on a chair base rather than flat on floor or footrest.		
Static posture duration	Long periods without changing position or standing.		
Laptop used without dock	Screen and keyboard cannot both be in the right place at once.		
Lighting and glare	Reflections on screen, or task lighting too dim for paperwork.		
Section A total			

SECTION B — MANUAL MATERIAL HANDLING

RISK FACTOR	WHAT TO LOOK FOR	SCORE	NOTE
Load weight	Heavy relative to the worker and the frequency of the lift.		
Lifting below knee or above shoulder	Origin or destination outside the power zone.		
Horizontal reach	Load held away from the body, increasing spinal load.		
Twisting while loaded	Turning the torso while carrying rather than moving the feet.		
Frequency and duration	Repeated lifts with little recovery between them.		
Grip quality	No handles, awkward shape, slippery or unstable load.		
Carry distance	Long carries, stairs, ramps or uneven ground.		
Push and pull forces	High force to start or stop a cart; poor wheels or floor surface.		
Mechanical aids unavailable	No hoist, cart, lift table or conveyor where one would fit the task.		
Section B total			

SECTION C — REPETITIVE AND INDUSTRIAL TASKS

RISK FACTOR	WHAT TO LOOK FOR	SCORE	NOTE
Repetition rate	Same motion many times per minute with a short cycle time.		
Forceful exertion	Gripping, pinching, pressing or pulling with high force.		
Awkward posture	Overhead work, kneeling, squatting, sustained bending.		
Contact stress	Body pressed against a hard edge or tool handle.		
Vibration	Hand-arm vibration from tools, or whole-body from vehicles.		
Work height fixed	Bench or line height not adjustable for different workers.		
Pace controlled by machine	Worker cannot vary rhythm or take a micro-break.		
No task rotation	Same task all shift with no variation in muscle groups used.		
Cold or PPE interference	Cold reduces grip; gloves force higher grip force.		
Section C total			

WORKER REPORT

Has the worker reported discomfort, pain, numbness or tingling associated with this task? _____

Body area(s) and description:

When it started and what makes it worse:

> A worker report is the earliest and cheapest signal you will get. Treat it as a finding in its own right regardless of the numeric score, and make sure reporting does not depend on an injury having already happened.

CONTROLS — HIGHEST TO LOWEST

- ☐ **Eliminate** the task or the handling entirely — delivery to point of use, gravity feed, redesign.
- ☐ **Engineering control** — adjustable height, mechanical assist, tool redesign, layout change.
- ☐ **Administrative control** — task rotation, pacing, team lift, training in technique.
- ☐ **Personal equipment** — anti-fatigue matting, anti-vibration gloves. Last, never first.

Controls selected for this workstation:

RISK FACTOR	CONTROL	LEVEL	OWNER	DUE

SIGN-OFF

ASSESSOR SIGNATURE _____ DATE _____

WORKER SIGNATURE _____ DATE _____