

If working at a machine do you? Sit Stand Kneel

If so, onto what? _____ Is the work area cluttered? _____

If so, with what? _____

Is the work area? 1/2 Oily Dirty Slippery

In your job do you push or pull? _____ If yes, give specifics: _____

Do you use a cart? Two-wheel Four-wheel _____

Construction of cart: _____

Type of wheels? Rubber Steel Plastic

Repair of cart: _____

Number of carts being pushed or pulled at one time? _____

The total amount of weight being pushed or pulled on a daily basis? _____

JOB CONDITIONS:

Type of building: _____

Type of floor: Rough Smooth Wood Concrete Steel

Type of windows: _____ Type of ventilating in the building: _____

Type of lighting in the building: _____ Are you tired when you go home at night? _____

Do you have outside jobs? _____

Do you participate in any company sponsored programs such as exercise, sports, etc? _____

Is it a union shop or a non-union shop? _____

Have you had to hire outside help? _____

Example: Cleaning, grass cutting, maintenance, etc.? _____

How many employees in the plant? _____

How many employees per shift? _____

How many other employees do your job? _____

What is the injury ratio for that job? _____ Do you like your job? _____

If off work, do you want to return to your job? _____

What changes would you make in your job? _____

OFFICE WORK:

Sit at desk _____, walk _____, stand _____, other _____

What % _____

Stand, stoop, hold, carry: _____

Operate other machine _____ What type? _____

MARK PAIN AREA
 +++ Burning
 000 Stabbing
 --- Sharp
 ||| Constant

