



The University of Western Ontario MSD Prevention Program

MSD Prevention Checklist – Form 1A (Keep filed in JHA Binders)

Completed by Supervisor: _____ Area: _____ Date: _____

JOB:	How many workers assigned to this job?		
Do workers performing this job:	Yes	No	If yes, what task
Force			
Lift, lower or carry heavy objects			
Have difficulties pushing or pulling items/objects			
Do jobs that require difficult and forceful gripping with the hands			
Use tools that require a great deal of effort to hold, control or use			
Use the hands to pound or hammer things			
Do other high force jobs not covered above			
Awkward Posture			
Work with the hands above the shoulders or held far away from the body			
Do jobs with one or both arms behind the body			
Bend or twist the back/trunk			
Bend or twist the neck forward, back or to the side			
Hold the neck to one side (e.g. holding phone between ear and shoulder)			
Need to bend or twist the wrist			
Pick-up or hold things using difficult grips (pinch grips, wide finger grips)			
Need to use other awkward postures that are not covered above			
Repetition			
Have to lift, lower or carry objects repeatedly			
Repeatedly push or pull things when doing their job			
Repeatedly grip or manipulate things with the hands/fingers			
Repeatedly use awkward back or neck postures			
Repeatedly use poorly designed hand tools when doing their job			
Repeatedly use awkward postures that are not covered above			
Use hand tools that vibrate and/or are exposed to whole body vibration			
Have too little space/clearance at the workstation/work area			
Have to stay in awkward postures for a long time without a change			
Sit or stand for long periods of time without a change in posture			
The same task(s) is repeated every 30 seconds for 1 hour or more			

Please identify any areas to the Ergonomic Team where you feel the workers may be exposed to MSD hazards and further assessment is required.