

Supervisor: _____

Worker: _____

Date: _____

Activity: _____

Difficulty: some difficulty moderate difficulty almost impossible

Describe the difficulty and possible improvements using the checkboxes (check all that apply) and space below.

1) Possible physical demand(s)	2) Possible contributing factors or areas for improvement	3) Additional details about the difficulty (e.g. what part of the activity causes the difficulty)	4) What improvements could be considered?
<input type="checkbox"/> duration/repetitiveness of the activity <input type="checkbox"/> weight of item handled <input type="checkbox"/> amount of force required <input type="checkbox"/> awkward grip <input type="checkbox"/> awkward/static posture <input type="checkbox"/> awkward movement <input type="checkbox"/> vibration/impact <input type="checkbox"/> other	<input type="checkbox"/> ask for help ¹ <input type="checkbox"/> body mechanics, work method, procedure compliance ² <input type="checkbox"/> type of materials handled <input type="checkbox"/> maintenance of tools/equipment <input type="checkbox"/> availability of tools/equipment <input type="checkbox"/> design/quality of tools/equipment <input type="checkbox"/> work area <input type="checkbox"/> storage area <input type="checkbox"/> actions of others <input type="checkbox"/> other		

¹indicate barriers and how getting help could be made easier, ²see Procedure Compliance Tool