



The Ergonomics Center Data Collection Sheet

Evaluator: _____
Company: _____
Job Description: _____
No. of employees exposed to job: _____

Date: _____
Department: _____
Supervisor: _____
Notes _____

No.	Task Description	Task Type (drop down list)	Task Duration	Task Frequency	Weight / Force	Vertical Ht. Range	Horiz. Reach Range	Distance (carry/push)	Potential Deep Dive Tools (if appropriate)
1		Lift/Lower							NIOSH Lift Eqn. Liberty Mutual MMH One Handed 2 Handed Seated/Kneeling
2		Push/Pull							Liberty Mutual MMH 2 Handed Vert./Lateral 1 Handed Horiz./Vert./Lateral
3		Carry							Liberty Mutual MMH 1 Handed
4		Upper Extremity							RULA Rev. Strain Index Hand Strength Wrist Torque Hand Tool Torque Arm/Fist Clearance
5		Entire Body							MFA REBA
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

SCHEDULING		TOOLS/ MATERIALS & ENVIRONMENT	
Total Cycle Time(s):		Tool(s):	
Cycles/ Shift:		Tool Weight:	lbs
Shift Length:	hrs	Part(s)/ Object(s):	
Rotation:	Yes / No	Part/ Object Weight:	lbs
Length of Rotation:	Minutes	Part/ Object Dimensions:	
Rotation Schedule:		Lighting Concern:	Yes / No
Break Schedule:		Noise Concern:	Yes / No
		Temp. Concern:	Yes / No
		Contact Stress Concern:	Yes / No
		Glove Use:	Yes / No
		Footrest Available:	Yes / No

