

Employee Name: _____

Title: _____

Department: _____

Employee Email: _____

Supervisor Name: _____

Supervisor Email: _____

Complete the form and email to EHS, healthandsafety@njit.edu.

1. Are you currently experiencing discomfort?
 - Hands Neck / Shoulders Eyes Other: _____
 - Wrists Upper Back Lower Back Other: _____
2. Does the task involve up to 30 handling operations per hour? Yes No
3. If the operation is repeated, is it repeated
 - 1 to 5 times per minutes?
 - 6 to 10 times per minutes?
 - 11 or more times minutes?
4. Are you working within your power zone? Yes No
5. Does the load handled exceed 50 lb.? Yes No
6. Does the vertical lifting distance exceed 3 feet?
7. Is the load easy to grasp with both hands? Yes No
 - Object size, bulk, or shape allows it to be brought close to body.
 - Object hard to handle because it lacks handles or cutouts for hands.
 - Object hard to handle because of slippery surfaces or sharp edges.
8. Does the task require stressful body postures, such as stooping to the floor, twisting, reaching overhead, or excessive lateral bending? Yes No
9. Does the task require fast movement or pace (throwing, swinging, or rapid walking)?
 - Yes No
10. Is most of the load handled by only one hand, arm, or shoulder? Yes No
11. Do tasks require large sustained pushing or pulling forces? Yes No
12. Do tasks require extended reach static holding or overhead tasks? Yes No
13. Does the operation take place in reasonable working conditions with the handler in a stable (*feet apart flat on the ground*) body position? Yes No
 - Slippery, inclined or uneven floors or horizontal surfaces.
 - Uncomfortable environmental conditions such as extreme temperatures, with noise, vibration, poor lighting, or airborne contaminants (i.e. dust).
 - Limited/restricted movement due to clutter or cramped area.

