

Employee Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Employee Email: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Complete the form and email to EHS, [healthandsafety@njit.edu](mailto: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.

