

### Tray 5—D. Task Analysis Checklist

“No” responses indicate potential problem areas which should receive further investigation.

1. Does the design of the primary task reduce or eliminate
  - bending or twisting of the back or trunk?  yes  no
  - crouching?  yes  no
  - bending or twisting the wrist?  yes  no
  - extending the arms?  yes  no
  - raised elbows?  yes  no
  - static muscle loading?  yes  no
  - clothes wringing motions?  yes  no
  - finger pinch grip?  yes  no
2. Are mechanical devices used when necessary?  yes  no
3. Can the task be done with either hand?  yes  no
4. Can the task be done with two hands?  yes  no
5. Are pushing or pulling forces kept minimal?  yes  no
6. Are required forces judged acceptable by the workers?  yes  no
7. Are the materials
  - able to be held without slipping?  yes  no
  - easy to grasp?  yes  no
  - free from sharp edges and corners?  yes  no
8. Do containers have good handholds?  yes  no
9. Are jigs, fixtures, and vises used where needed?  yes  no
10. As needed, do gloves fit properly and are they made of the proper fabric?  yes  no
11. Does the worker avoid contact with sharp edges when performing the task?  yes  no
12. When needed, are push buttons designed properly?  yes  no
13. Do the job tasks allow for ready use of personal equipment that may be required?  yes  no
14. Are high rates of repetitive motion avoided by
  - job rotation?  yes  no
  - self-pacing?  yes  no
  - sufficient pauses?  yes  no
  - adjusting the job skill level of the worker?  yes  no
15. Is the employee trained in
  - proper work practices?  yes  no
  - when and how to make adjustments?  yes  no
  - recognizing signs and symptoms of potential problems?  yes  no