

ERGONOMIC INJURY INVESTIGATION

Name: _____ Shop Code: _____ Phone: _____ Date: _____

Your illness/injury may involve an ergonomic challenge. This investigation will help identify potential risks and will assist in developing possible improvements. Please provide the following answers with as much detail available to you so that we can focus on a solution. If you have questions, please call the Safety Office or your Ergonomics Team member.

Lifting/Pulling/Pushing

Describe your work duties fully: (e.g., what do you lift, push or pull? How heavy, approximate dimensions, from where to where, how many times a day?)

Is mechanical lift equipment readily available to you? _____

What equipment? _____

Was it used? If not, why not _____

Do you have an idea that would make this task easier for you? _____

Explain: _____

Force

Does your job routinely require exertion of particular muscle groups beyond normal daily tasks (e.g., pressing a rivet gun to provide resistance; pushing on cheater bars to loosen bolts; pulling a fuel bladder in place to line up attachment holes; pushing/pulling work stands or equipment, etc.)? If so, what specific tasks are you doing that are most taxing?
