

# Task Analysis Checklist

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Company/Plant \_\_\_\_\_

Dept \_\_\_\_\_

Job Name \_\_\_\_\_

Task Name \_\_\_\_\_

Evaluator \_\_\_\_\_

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

1. Does the design of the primary task reduce or eliminate the following:		
- bending or twisting of the back or trunk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- crouching?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- bending or twisting of the wrist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- extending the arms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- raised elbows?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- static muscle loading?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- clothes wringing motions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- finger pinch grip?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are mechanical devices used when necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Can the task be done with either hand?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Can the task be done with two hands?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are pushing or pulling forces kept minimal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do workers perceive/judge the required forces acceptable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are the materials (work pieces, parts, components, etc.)...		
- ... able to be held without slipping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- ... easy to grasp?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- ... free from sharp edges and corners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do containers have good handholds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are jigs, fixtures, and vises used where needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. As needed, do gloves fit properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
11. As needed, are gloves made of material appropriate for the task?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
12. Do workers avoid contact with sharp edges of the workstation when performing the task?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. When needed, are push buttons designed properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
14. Are repetitive motions avoided or minimized by the following:		
- job rotation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- self-pacing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- sufficient pauses/breaks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Are workers trained in the following:		
- proper work practices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- recognizing signs and symptoms of potential WMSD problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- when and how to make adjustments to avoid musculoskeletal discomfort?	<input type="checkbox"/> Yes	<input type="checkbox"/> No