

Exhibit B

INJURY INVESTIGATION CHECKLIST  
FOR  
ERGONOMIC STRESSORS

Note: If excessive force and/or weights are involved, evaluate carefully.

Head and Neck (static or excessive movement)	Yes	No
Bending head side to side	Yes	No
Bending head forward or back	Yes	No
Turning head side to side	Yes	No
Shoulder (static or excessive movement)	Yes	No
Reaching above shoulder height	Yes	No
Reaching in front of the body	Yes	No
Reaching across the body	Yes	No
Reaching behind the back of the body	Yes	No
Arm (static or excessive movement)	Yes	No
Forearm rotation (palms up or down)	Yes	No
Elbows behind the body	Yes	No
Elbows in front of the body	Yes	No
Elbows away from side of body	Yes	No
Wrist (static or excessive movement)	Yes	No
Wrist bent (forward or back)	Yes	No
Wrist bent (toward thumb or little finger)	Yes	No
Grip (static or excessive force)	Yes	No
Pinch	Yes	No
Power	Yes	No
Are gloves worn	Yes	No
Are precision type tasks performed	Yes	No
Trunk (static or excessive movement)	Yes	No
Bending forward from hips with arms forward, back, or to side	Yes	No
Reaching away from the body, or carrying load away from body	Yes	No
Twisting while lifting	Yes	No
Lifting from below knee level or above shoulder level	Yes	No
Highly repetitive lifting	Yes	No
Excessive pushing or pulling	Yes	No

Static work posture (bending over for long periods of time)	Yes	No
Standing for long periods of time on hard surfaces	Yes	No
Foot rest for standing stations present	Yes	No
Back support for seated work stations present	Yes	No
Adequate knee clearance for seated work stations	Yes	No

#### OTHER STRESSORS

Tools	Yes	No
Are hand tools (pneumatic, electric) being used that require triggers for operation	Yes	No
Are tools wrapped with tape or foam	Yes	No
Does tool use promote awkward body/wrist posture	Yes	No
Arms, wrists, or hands resting on hard or sharp edges on benches, tools, and/or parts	Yes	No
High force exerted during excessive range of motion	Yes	No
Hot or cold environment	Yes	No
Vibration		
Name area affected: _____		
Lighting	Yes	No
Is the lighting adequate for the task	Yes	No
Is glare present	Yes	No
Noise	Yes	No
Is hearing protection necessary	Yes	No