



Ergonomics MSI Hazard Identification Checklist

This is a simplified checklist to assist you in identifying potentially unhealthy/unsafe work conditions and to provide you with resources to eliminate/minimize those risks.

Please keep this checklist for your records and contact UBC’s Ergonomics Program (ergonomics.info@ubc.ca) for guidance, resources, and/or to request an ergonomics risk assessment.

| MMH Hazards | Y | N | Below is a list of possible steps to take if yes to 1 or more | Completed? |
|----------------------------------|---|---|---|------------|
| Lifting ≥ 2hrs/day | | | <ul style="list-style-type: none"> Staff advised to attend MMH Ergonomics Training or dept. to provide site specific training that includes teaching how to assess the risk & how to lift/carry and push/pull/ safely Designated staff member trained in MMH Ergo Hazards & Control Measures MMH Risk Assessment Completed Control measures implemented (e.g. install a mechanical lift, use dollies/carts, reposition items to improve posture during lift) Contact ergonomics.info@ubc.ca to for specialized training and guidance with the MMH Risk Assessment and in developing control measures if needed | |
| Lifting ≥25lbs | | | | |
| Awkward lifting posture | | | | |
| Forceful/awkward pushing/pulling | | | | |
| Difficulty/Pain Reported | | | | |
| Office Work | Y | N | Below is a list of possible steps to take if yes to 1 or more | Completed? |
| ≥ 4hrs/day | | | <ul style="list-style-type: none"> Furniture/Equipment meets UBC’s Ergo Guidelines Staff advised to attend Office Ergo Training ≥ 1 Office Ergo Rep in the department Staff aware of Office Ergo Online Tools Contact ergonomics.info@ubc.ca to assistance, if needed | |
| Difficulty/Pain Reported | | | | |
| Laboratory Work | Y | N | Below is a list of possible steps to take if yes to 1 or more | Completed? |
| ≥ 2hrs/day | | | <ul style="list-style-type: none"> Staff & Managers aware of Lab Ergo Online Guide Contact ergonomics.info@ubc.ca to conduct a risk assessment, provide training and to guidance on control measures if needed | |
| Difficulty/Pain Reported | | | | |



| Awkward Postures | Y | N | Below is a list of possible steps to take if yes to 1 or more | Completed? |
|---|----------|----------|--|-------------------|
| Frequent or awkward bending | | | <ul style="list-style-type: none"> • Contact ergonomics.info@ubc.ca to provide guidance or conduct a risk assessment, provide training and to provide guidance on control measures • Control measures implemented (e.g. reposition items to reduce reach, rotate tasks, provide kneeling pads) | |
| Frequent above shoulder level or awkward reaching | | | | |
| Kneeling/Squatting ≥2hrs/day | | | | |
| Difficulty/Pain Reported | | | | |
| Vibration | Y | N | Below is a list of possible steps to take if yes to 1 or more | Completed? |
| High vibration tools (chainsaws, jack hammers, riveting hammers X ≥ 30 minutes) | | | <ul style="list-style-type: none"> • Contact ergonomics.info@ubc.ca to provide guidance or conduct a risk assessment, provide training and to provide guidance on control measures • Control measures implemented (e.g. lower vibration tools purchased, exposure limits set and all staff trained on these) | |
| Moderate vibration tools (grinders, sanders, jig saws) ≥2hrs/day | | | | |
| Difficulty/Pain reported | | | | |

For your records please record the following:

Department/Task Assessed:

Checklist Completed By:

Date Completed:

Date Reviewed by JOHSC:

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