

RISK FACTOR REPORT CARD

Name: _____

1. Work Area/Job Title: _____

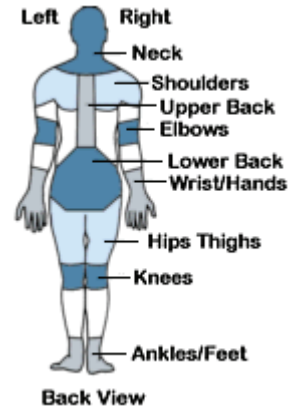
2. Describe task: _____

3. Check all risk factors that apply:

- | | |
|------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Poor Posture | <input type="checkbox"/> Forceful Gripping |
| <input type="checkbox"/> Repetitive Work | <input type="checkbox"/> Heavy Lifting/Carrying |
| <input type="checkbox"/> Vibrating Tools | <input type="checkbox"/> Bouncing/Jarring |
| <input type="checkbox"/> Static Posture | <input type="checkbox"/> Heavy Shoveling |
| <input type="checkbox"/> WB Vibration | <input type="checkbox"/> Forceful Push/Pull |

Other risk factors: _____

4. Place X on affected areas:



5. Comments/Suggestions: _____

6. Plant/Mine Name: _____