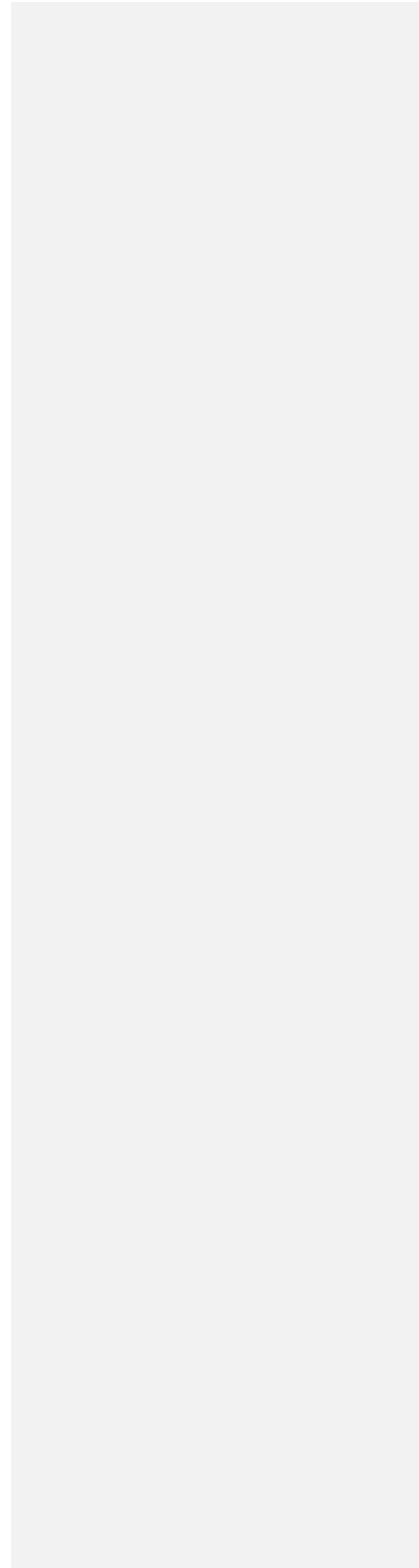


## APPENDIX B

- B.1. Position/Worker Specific Data Form .....**
- B.2. Job Summary Data Form.....**
- B.3. Job Specific Data Form .....**
- B.4. Lifting/Lowering Steady Data Form .....**
- B.5. Lifting/Lowering Variable Data Form.....**
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- B.10. Walking/Carrying Tasks Data Form .....**



**B.1. Position/Worker Specific Data Form**

**Position / Worker Specific Data Form (Form A)**

1. Subject I.D. \_\_\_\_\_ <AA0001>      6. Date: \_\_\_\_\_ <MM / DD / YYYY>  
 2. Subject Name: \_\_\_\_\_      7. Time (24hr): \_\_\_\_\_ <2:30 pm - 14:30, midnight = 00:00>  
 3.  Male  Female      4. Age: \_\_\_\_\_ <years>      8. Analyst #1: \_\_\_\_\_  
 5. Facility: \_\_\_\_\_      9. Analyst #2: \_\_\_\_\_

**Position Information**

10. Line / Department Title: \_\_\_\_\_  
 11. Position Title: \_\_\_\_\_  
 12. Position Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Typical Shift **Start** Time (24hr): \_\_\_\_\_      17. Average Work **Hours/Week**: \_\_\_\_\_  
 14. Typical Shift **End** Time (24hr): \_\_\_\_\_      18. Maximum Work **Hours/Week**: \_\_\_\_\_  
 15. Break-Time (Minutes/day): \_\_\_\_\_ <Total of Lunch & Breaks / Day> Minutes      19. Average Work **Days/Week**: \_\_\_\_\_  
 16. # of **Distinct** Jobs Rotated to: \_\_\_\_\_      20. Maximum Work **Days/Week**: \_\_\_\_\_  
 21. Note Unusual Schedule Here: \_\_\_\_\_  
 \_\_\_\_\_

22. Jobs Included in Position:

Job #	Job Title/Description	PACE Self, Line, Piece Rate	LBS/Rotation (lb/t)	Continuous Duration (Hours, t)	Total Hours/Day (Σt, Hours)	Typical Work % of Week	# of Times/ Month (Peak Exposures Only)
1		S L P					
2		S L P					
3		S L P					
4		S L P					
5		S L P					
6		S L P					
7		S L P					
8		S L P					

## B.2. Job Summary Data Form

Subject ID: \_\_\_\_\_

### **Worker Information**

23. Prior Work Experience; Maximum of 10 Years **OR** Maximum of 5 Jobs!  
 (Include Current Position and *significantly* different prior positions with *present* employer first)

Position	Title / Description	Years	Average Low Back Borg Rating
Current			
Prior #1			
Prior #2			
Prior #3			
Prior #4			
Prior #5			

24. Do you currently work on a second job outside of this facility? Yes No

25. If Yes, 2<sup>nd</sup> Job Title/Description: \_\_\_\_\_

26. Average Hours/Week on 2<sup>nd</sup> Job: \_\_\_\_\_ 27. Number of Years on 2<sup>nd</sup> Job: \_\_\_\_\_

28. Low Back Overall (Average) Borg Rating for 2<sup>nd</sup> Job: \_\_\_\_\_

29. Overall Worker Rating at **Beginning** of Shift<sup>3</sup> (Borg CR-10)

30. Overall Worker Rating at **End** of Shift<sup>3</sup> (Borg CR-10)

Worker Estimated Rating (Stress) (Low Back Only)	Worker Rating @ Beg/End (Stress) (Low Back Only)

31. Analyst Notes (Optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Job Summary Data Form (Form B)

1. Subject I.D. \_\_\_\_\_ 2. Job # (From "Position Data Form, Field #22"): \_\_\_\_\_  
<From Position Form, Field #1>
3. Facility: \_\_\_\_\_ 4. Date: \_\_\_\_\_  
<MM / DD / YYYY>

5. Data Form Inventory

Data Form 'Name'	Form 'Letter'	Not Used	# of TOTAL Pages
Job Specific Data Form	C		1
Steady State Lifting/Lowering	D		
Variable State Lifting/Lowering	E		
Pushing/Pulling	F		
Walking/Carrying/Holding	G		

6. Summary Notes/Data (include "to-do" for analysis and "issues" with data):

7. Jobs Considered Identical for Data Analysis Purposes

Name	Location	Collected?	Notes:

8. Time Adjustments for Motion Counts / Energy Expenditure

Tape Code	Video Code	Segment Length	Actual Length	Ratio

9. Motion Counts:  
(Load -> 4lbs/Hand)

	W/ Load	W/O Load
# Trunk Flexions (≥30°)		
# Trunk Rotations (≥45°)		
# Lateral Bend (≥10°)		
# 180° Turns		

### B.3. Job Specific Data Form

#### Job Specific Data Form (Form C)

1. Subject I.D. \_\_\_\_\_ 5. Facility: \_\_\_\_\_  
<From Position Form, Field #1>
2. Analyst Name(s): \_\_\_\_\_ 6. Time (24hr): \_\_\_\_\_  
<2:30 pm - 14:30, midnight - 00:00>
3. Observation Time (minutes): \_\_\_\_\_ 7. Date: \_\_\_\_\_  
<MM/DD/YYYY>
4. Job ID (Plant Official): \_\_\_\_\_ 8. Job # (From "Position Data Form, Field #22"): \_\_\_\_\_

#### Job Overview

9. Specify the **Percentage of Time** Spent in EACH of the Sub-Activities Listed Below:

Manual Material Handling	Assembly <small>(Specify Light or Heavy Assembly)</small>	Paperwork <small>(With or without Computer)</small>	Fork-Truck Riding	Resting/Waiting
_____ %	_____ %	_____ %	_____ %	_____ %
<input type="checkbox"/> Sitting <input type="checkbox"/> Standing	<input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> Light <input type="checkbox"/> Heavy	<input type="checkbox"/> Sitting <input type="checkbox"/> Standing	<input type="checkbox"/> Sitting <input type="checkbox"/> Standing	<input type="checkbox"/> Sitting <input type="checkbox"/> Standing

10. Specify the **Low-Back Borg CR-10 Rating** for EACH of the Sub-Activities Listed Below:

Manual Material Handling		Assembly		Paperwork <small>(With or without Computer)</small>		Fork-Truck Riding		Resting/Waiting	
Worker	Analyst	Worker	Analyst	Worker	Analyst	Worker	Analyst	Worker	Analyst
CR-10	CR-10	CR-10	CR-10	CR-10	CR-10	CR-10	CR-10	CR-10	CR-10

11. Specify the Single, **Most Stressful Low-Back Task** and Associated Borg CR-10 Rating Below:

Task	Worker Rating	Analyst Rating
	CR-10	CR-10

12. Worker Postures (Standing + Sitting = 100%; Back Bent and Squatting are expressed as a sub percentage of standing or sitting (i.e. standing = 50%, Back Bent under standing = 100%, means that 100 percent of the time spent standing is in a bent posture.) NOTE: Walking is Counted as Standing

Standing	%	Sitting	%
Back Bent <small>(&gt;20°)</small>		Back Bent <small>(&gt;20°)</small>	
%		%	

13. Worker Exposed to **Whole Body Vibration**: Yes No  
 14. Worker Use of **Anti-Fatigue Mats**: Yes No  
 Anti-Fatigue Mat **Usage Time**: \_\_\_\_\_ %

15. Use of **"Insoles"** in shoes: Yes No  
 16. Worker Uses **Back Belt**: Yes No  
 Back Belt **Available**: Yes No  
 Has Back Belt **Training**: Yes No

17. Floor: Normal Uneven Slippery  
NOTE: Floors can be Uneven & Slippery  
 18. Work Space (MMH): Open Obstructed  
 Type of Obstruction: \_\_\_\_\_

19. Typical Plant <b>Temperature</b> :	January	July	20. Typical Plant <b>Humidity</b> :	January	July
	_____ °C	_____ °C		_____ %R.H.	_____ %R.H.

### B.4. Lifting/Lowering Steady Data Form

**Lifting/Lowering Steady** (Form D)      **Subject #** \_\_\_\_\_      **Job #** \_\_\_\_\_

**Normal Carry Height** \_\_\_\_\_ in

Object Description: \_\_\_\_\_ Object Location: \_\_\_\_\_

<input type="checkbox"/> Lift	<b>W</b> (lbs)	Box Width (in)	$H_{OL}$ (in)	$H_{OR}$ (in)	$V_o$ (in)	$H_{DL}$ (in)	$H_{DR}$ (in)	$V_o$ (in)
<input type="checkbox"/> Lower								

Object Description: \_\_\_\_\_ Object Location: \_\_\_\_\_

<input type="checkbox"/> Lift	<b>W</b> (lbs)	Box Width (in)	$H_{OL}$ (in)	$H_{OR}$ (in)	$V_o$ (in)	$H_{DL}$ (in)	$H_{DR}$ (in)	$V_o$ (in)
<input type="checkbox"/> Lower								

Object Description: \_\_\_\_\_ Object Location: \_\_\_\_\_

<input type="checkbox"/> Lift	<b>W</b> (lbs)	Box Width (in)	$H_{OL}$ (in)	$H_{OR}$ (in)	$V_o$ (in)	$H_{DL}$ (in)	$H_{DR}$ (in)	$V_o$ (in)
<input type="checkbox"/> Lower								

Object Description: \_\_\_\_\_ Object Location: \_\_\_\_\_

<input type="checkbox"/> Lift	<b>W</b> (lbs)	Box Width (in)	$H_{OL}$ (in)	$H_{OR}$ (in)	$V_o$ (in)	$H_{DL}$ (in)	$H_{DR}$ (in)	$V_o$ (in)
<input type="checkbox"/> Lower								

Object Description: \_\_\_\_\_ Object Location: \_\_\_\_\_

<input type="checkbox"/> Lift	<b>W</b> (lbs)	Box Width (in)	$H_{OL}$ (in)	$H_{OR}$ (in)	$V_o$ (in)	$H_{DL}$ (in)	$H_{DR}$ (in)	$V_o$ (in)
<input type="checkbox"/> Lower								

Object Description: \_\_\_\_\_ Object Location: \_\_\_\_\_

<input type="checkbox"/> Lift	<b>W</b> (lbs)	Box Width (in)	$H_{OL}$ (in)	$H_{OR}$ (in)	$V_o$ (in)	$H_{DL}$ (in)	$H_{DR}$ (in)	$V_o$ (in)
<input type="checkbox"/> Lower								

Object Description: \_\_\_\_\_ Object Location: \_\_\_\_\_

<input type="checkbox"/> Lift	<b>W</b> (lbs)	Box Width (in)	$H_{OL}$ (in)	$H_{OR}$ (in)	$V_o$ (in)	$H_{DL}$ (in)	$H_{DR}$ (in)	$V_o$ (in)
<input type="checkbox"/> Lower								

Object Description: \_\_\_\_\_ Object Location: \_\_\_\_\_

<input type="checkbox"/> Lift	<b>W</b> (lbs)	Box Width (in)	$H_{OL}$ (in)	$H_{OR}$ (in)	$V_o$ (in)	$H_{DL}$ (in)	$H_{DR}$ (in)	$V_o$ (in)
<input type="checkbox"/> Lower								

Object Description: \_\_\_\_\_ Object Location: \_\_\_\_\_

<input type="checkbox"/> Lift	<b>W</b> (lbs)	Box Width (in)	$H_{OL}$ (in)	$H_{OR}$ (in)	$V_o$ (in)	$H_{DL}$ (in)	$H_{DR}$ (in)	$V_o$ (in)
<input type="checkbox"/> Lower								

Object Description: \_\_\_\_\_ Object Location: \_\_\_\_\_

<input type="checkbox"/> Lift	<b>W</b> (lbs)	Box Width (in)	$H_{OL}$ (in)	$H_{OR}$ (in)	$V_o$ (in)	$H_{DL}$ (in)	$H_{DR}$ (in)	$V_o$ (in)
<input type="checkbox"/> Lower								

**Date:** \_\_\_\_\_

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## B.5 Lifting/Lowering Variable Data Form

### Lifting/Lowering Variable (Form E)

Subject # \_\_\_\_\_ Job # \_\_\_\_\_

Normal Carry Height \_\_\_\_\_ in

1.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)	2.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)
3.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)	4.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)
5.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)	6.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)
7.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)	8.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)
9.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)	10.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)
11.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)	12.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)
13.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)	14.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)
15.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)	16.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)
17.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)	18.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)
19.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)	20.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)
21.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)	22.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)
23.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)	24.	W (lbs)	Width (in)	H <sub>o</sub> (in)	V <sub>o</sub> (in)	H <sub>p</sub> (in)	V <sub>p</sub> (in)

Date: \_\_\_\_\_

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## B.6. Pushing/Pulling Data Form

**Pushing/Pulling Notes** (Form F)      **Subject #** \_\_\_\_\_      **Job #** \_\_\_\_\_

Description:

<input type="checkbox"/> Push	<b>Initial Force (lbs)</b>	<b>Sustained Force (lbs)</b>	<b>Hand Height (in)</b>	<b>Distance (ft)</b>	<b>Time (sec)</b>
<input type="checkbox"/> Pull					

Description:

<input type="checkbox"/> Push	<b>Initial Force (lbs)</b>	<b>Sustained Force (lbs)</b>	<b>Hand Height (in)</b>	<b>Distance (ft)</b>	<b>Time (sec)</b>
<input type="checkbox"/> Pull					

Description:

<input type="checkbox"/> Push	<b>Initial Force (lbs)</b>	<b>Sustained Force (lbs)</b>	<b>Hand Height (in)</b>	<b>Distance (ft)</b>	<b>Time (sec)</b>
<input type="checkbox"/> Pull					

Description:

<input type="checkbox"/> Push	<b>Initial Force (lbs)</b>	<b>Sustained Force (lbs)</b>	<b>Hand Height (in)</b>	<b>Distance (ft)</b>	<b>Time (sec)</b>
<input type="checkbox"/> Pull					

Description:

<input type="checkbox"/> Push	<b>Initial Force (lbs)</b>	<b>Sustained Force (lbs)</b>	<b>Hand Height (in)</b>	<b>Distance (ft)</b>	<b>Time (sec)</b>
<input type="checkbox"/> Pull					

Description:

<input type="checkbox"/> Push	<b>Initial Force (lbs)</b>	<b>Sustained Force (lbs)</b>	<b>Hand Height (in)</b>	<b>Distance (ft)</b>	<b>Time (sec)</b>
<input type="checkbox"/> Pull					

Description:

<input type="checkbox"/> Push	<b>Initial Force (lbs)</b>	<b>Sustained Force (lbs)</b>	<b>Hand Height (in)</b>	<b>Distance (ft)</b>	<b>Time (sec)</b>
<input type="checkbox"/> Pull					

Description:

<input type="checkbox"/> Push	<b>Initial Force (lbs)</b>	<b>Sustained Force (lbs)</b>	<b>Hand Height (in)</b>	<b>Distance (ft)</b>	<b>Time (sec)</b>
<input type="checkbox"/> Pull					

Description:

<input type="checkbox"/> Push	<b>Initial Force (lbs)</b>	<b>Sustained Force (lbs)</b>	<b>Hand Height (in)</b>	<b>Distance (ft)</b>	<b>Time (sec)</b>
<input type="checkbox"/> Pull					

Description:

<input type="checkbox"/> Push	<b>Initial Force (lbs)</b>	<b>Sustained Force (lbs)</b>	<b>Hand Height (in)</b>	<b>Distance (ft)</b>	<b>Time (sec)</b>
<input type="checkbox"/> Pull					

Description:

<input type="checkbox"/> Push	<b>Initial Force (lbs)</b>	<b>Sustained Force (lbs)</b>	<b>Hand Height (in)</b>	<b>Distance (ft)</b>	<b>Time (sec)</b>
<input type="checkbox"/> Pull					

**Date:** \_\_\_\_\_

**Page #** \_\_\_\_ **of** \_\_\_\_



## B.7. Walking/Carrying Data Form

### Walking/Carrying Notes (Form G) Subject # \_\_\_\_\_ Job # \_\_\_\_\_

Description: \_\_\_\_\_

<input type="checkbox"/> Walk	<b>Weight (lbs)</b>	<b>Distance (ft)</b>	<b>Time (sec)</b>
<input type="checkbox"/> Carry			

Description: \_\_\_\_\_

<input type="checkbox"/> Walk	<b>Weight (lbs)</b>	<b>Distance (ft)</b>	<b>Time (sec)</b>
<input type="checkbox"/> Carry			

Description: \_\_\_\_\_

<input type="checkbox"/> Walk	<b>Weight (lbs)</b>	<b>Distance (ft)</b>	<b>Time (sec)</b>
<input type="checkbox"/> Carry			

Description: \_\_\_\_\_

<input type="checkbox"/> Walk	<b>Weight (lbs)</b>	<b>Distance (ft)</b>	<b>Time (sec)</b>
<input type="checkbox"/> Carry			

Description: \_\_\_\_\_

<input type="checkbox"/> Walk	<b>Weight (lbs)</b>	<b>Distance (ft)</b>	<b>Time (sec)</b>
<input type="checkbox"/> Carry			

Description: \_\_\_\_\_

<input type="checkbox"/> Walk	<b>Weight (lbs)</b>	<b>Distance (ft)</b>	<b>Time (sec)</b>
<input type="checkbox"/> Carry			

Description: \_\_\_\_\_

<input type="checkbox"/> Walk	<b>Weight (lbs)</b>	<b>Distance (ft)</b>	<b>Time (sec)</b>
<input type="checkbox"/> Carry			

Description: \_\_\_\_\_

<input type="checkbox"/> Walk	<b>Weight (lbs)</b>	<b>Distance (ft)</b>	<b>Time (sec)</b>
<input type="checkbox"/> Carry			

Description: \_\_\_\_\_

<input type="checkbox"/> Walk	<b>Weight (lbs)</b>	<b>Distance (ft)</b>	<b>Time (sec)</b>
<input type="checkbox"/> Carry			

Description: \_\_\_\_\_

<input type="checkbox"/> Walk	<b>Weight (lbs)</b>	<b>Distance (ft)</b>	<b>Time (sec)</b>
<input type="checkbox"/> Carry			

Date: \_\_\_\_\_

Page # \_\_\_\_ of \_\_\_\_

# B.8. Lifting/Lowering Tasks Data Form

## Lifting/Lowering Tasks (Combined Form)

Subject # \_\_\_\_\_

Job # \_\_\_\_\_

1. Task # \_\_\_\_\_ 2. LIFT/LOWER Biomechanical Analysis

3. Object Weight: \_\_\_\_\_ lbs 4. Hands: L R B

5. Limb Angles:

	Left		Right	
	Horz.	Vert.	Horz.	Vert.
Upper Arm	0	0	0	0
Lower Arm	0	0	0	0
Upper Leg	0	0	0	0
Lower Leg	0	0	0	0

6. Trunk Angles:

Flexion	0
Axial Rotation R L	0
Lateral Bending R L	0

NOTE: Lifting and then lowering are 2 separate tasks (one lifting and one lowering).

1. Task # \_\_\_\_\_ 2. LIFT/LOWER Biomechanical Analysis

3. Object Weight: \_\_\_\_\_ lbs 4. Hands: L R B

5. Limb Angles:

	Left		Right	
	Horz.	Vert.	Horz.	Vert.
Upper Arm	0	0	0	0
Lower Arm	0	0	0	0
Upper Leg	0	0	0	0
Lower Leg	0	0	0	0

6. Trunk Angles:

Flexion	0
Axial Rotation R L	0
Lateral Bending R L	0

NOTE: Lifting and then lowering are 2 separate tasks (one lifting and one lowering).

1. Task # \_\_\_\_\_ 2. Description: \_\_\_\_\_

3.  Lift  Lower 4.  Box  Bag  Other

5. Separate Hands:  Yes  No 6.  Even  Uneven |  Stable  Unstable

7. Hands:  Left  Right  Both 8. Grasp:  Good  Fair  Poor

9. Technique:  Stoop  Semi  Squat  Side  Stand

10. Object Dimensions: W \_\_\_\_\_ in, L \_\_\_\_\_ in, H \_\_\_\_\_ in

11. Observation Duration: \_\_\_\_\_ min 12. Number of Lift/Lowers: \_\_\_\_\_

13. Total Weight/Lift: \_\_\_\_\_ lbs SCD?  Yes  No

V <sub>OL</sub>	V <sub>OR</sub>	V <sub>DL</sub>	V <sub>DR</sub>
in	in	in	in
H <sub>OL</sub>	H <sub>OR</sub>	H <sub>DL</sub>	H <sub>DR</sub>
in	in	in	in
L <sub>OL</sub>	L <sub>OR</sub>	L <sub>DL</sub>	L <sub>DR</sub>
in	in	in	in
D	A <sub>b</sub>	A <sub>b</sub>	A <sub>b</sub>
in	in	in	in

1. Task # \_\_\_\_\_ 2. Description: \_\_\_\_\_

3.  Lift  Lower 4.  Box  Bag  Other

5. Separate Hands:  Yes  No 6.  Even  Uneven |  Stable  Unstable

7. Hands:  Left  Right  Both 8. Grasp:  Good  Fair  Poor

9. Technique:  Stoop  Semi  Squat  Side  Stand

10. Object Dimensions: W \_\_\_\_\_ in, L \_\_\_\_\_ in, H \_\_\_\_\_ in

11. Observation Duration: \_\_\_\_\_ min 12. Number of Lift/Lowers: \_\_\_\_\_

13. Total Weight/Lift: \_\_\_\_\_ lbs SCD?  Yes  No

V <sub>OL</sub>	V <sub>OR</sub>	V <sub>DL</sub>	V <sub>DR</sub>
in	in	in	in
H <sub>OL</sub>	H <sub>OR</sub>	H <sub>DL</sub>	H <sub>DR</sub>
in	in	in	in
L <sub>OL</sub>	L <sub>OR</sub>	L <sub>DL</sub>	L <sub>DR</sub>
in	in	in	in
D	A <sub>b</sub>	A <sub>b</sub>	A <sub>b</sub>
in	in	in	in

Date: \_\_\_\_\_

Page # \_\_\_\_\_ of \_\_\_\_\_

Form #: LBLC03222004

# B.9. Pushing/Pulling Tasks Data Form

## Push/Pull Tasks (Combined Form)

Subject # \_\_\_\_\_ Job # \_\_\_\_\_

1. Task # \_\_\_\_\_ 2. PUSH/PULL Biomechanical Analysis

3. Object Weight: \_\_\_\_\_ lbs 4. Hands: L R B

5. Limb Angles:

	Left		Right	
	Horz.	Vert.	Horz.	Vert.
Upper Arm	0	0	0	0
Lower Arm	0	0	0	0
Upper Leg	0	0	0	0
Lower Leg	0	0	0	0

6. Trunk Angles:

Flexion	0
Axial Rotation R L	0
Lateral Bending R L	0

1. Task # \_\_\_\_\_ 2. PUSH/PULL Biomechanical Analysis

3. Object Weight: \_\_\_\_\_ lbs 4. Hands: L R B

5. Limb Angles:

	Left		Right	
	Horz.	Vert.	Horz.	Vert.
Upper Arm	0	0	0	0
Lower Arm	0	0	0	0
Upper Leg	0	0	0	0
Lower Leg	0	0	0	0

6. Trunk Angles:

Flexion	0
Axial Rotation R L	0
Lateral Bending R L	0

1. Task # \_\_\_\_\_ 2. Description: \_\_\_\_\_

3. Activity:  Push  Pull

4. Type of Cart:  4W Cart  2W Hand Truck  Pallet Jack  
 Box  Other: \_\_\_\_\_

5. Hands:  Left  Right  Both 6. Height of Hands: \_\_\_\_\_ in

7. Posture:  Lean Forward  Lean Back  Lean Side  Stand

8. Distance per Push/Pull: \_\_\_\_\_ ft 9. Time per Push/Pull: \_\_\_\_\_ sec

10. Initial Force: \_\_\_\_\_ lbs 11. Sustained Force: \_\_\_\_\_ lbs

12. Observation Duration: \_\_\_\_\_ min 13. Number of Push/Pulls: \_\_\_\_\_

1. Task # \_\_\_\_\_ 2. Description: \_\_\_\_\_

3. Activity:  Push  Pull

4. Type of Cart:  4W Cart  2W Hand Truck  Pallet Jack  
 Box  Other: \_\_\_\_\_

5. Hands:  Left  Right  Both 6. Height of Hands: \_\_\_\_\_ in

7. Posture:  Lean Forward  Lean Back  Lean Side  Stand

8. Distance per Push/Pull: \_\_\_\_\_ ft 9. Time per Push/Pull: \_\_\_\_\_ sec

10. Initial Force: \_\_\_\_\_ lbs 11. Sustained Force: \_\_\_\_\_ lbs

12. Observation Duration: \_\_\_\_\_ min 13. Number of Push/Pulls: \_\_\_\_\_

Date: \_\_\_\_\_

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Form #: LBUC03222004

# B.10. Walking/Carrying Tasks Data Form

## Walking/Carrying Tasks

Subject # \_\_\_\_\_ Job # \_\_\_\_\_

1. Task # \_\_\_\_\_ 2. Description: \_\_\_\_\_

3. Activity:  Walk  Carry 14 Hands:  Left  Right  Both

5. Technique:  Waist  Thighs  Side  Other: \_\_\_\_\_

6. Distance per Walk/Carry: \_\_\_\_\_ ft

7. Time per Walk/Carry: \_\_\_\_\_ sec

8. Object:  Box  Bag  Other: \_\_\_\_\_

9. Object Weight: \_\_\_\_\_ lbs

10. Observation Duration: \_\_\_\_\_ min

11. Number of Walk/Carries: \_\_\_\_\_

1. Task # \_\_\_\_\_ 2. Description: \_\_\_\_\_

3. Activity:  Walk  Carry 14 Hands:  Left  Right  Both

5. Technique:  Waist  Thighs  Side  Other: \_\_\_\_\_

6. Distance per Walk/Carry: \_\_\_\_\_ ft

7. Time per Walk/Carry: \_\_\_\_\_ sec

8. Object:  Box  Bag  Other: \_\_\_\_\_

9. Object Weight: \_\_\_\_\_ lbs

10. Observation Duration: \_\_\_\_\_ min

11. Number of Walk/Carries: \_\_\_\_\_

1. Task # \_\_\_\_\_ 2. Description: \_\_\_\_\_

3. Activity:  Walk  Carry 14 Hands:  Left  Right  Both

5. Technique:  Waist  Thighs  Side  Other: \_\_\_\_\_

6. Distance per Walk/Carry: \_\_\_\_\_ ft

7. Time per Walk/Carry: \_\_\_\_\_ sec

8. Object:  Box  Bag  Other: \_\_\_\_\_

9. Object Weight: \_\_\_\_\_ lbs

10. Observation Duration: \_\_\_\_\_ min

11. Number of Walk/Carries: \_\_\_\_\_

1. Task # \_\_\_\_\_ 2. Description: \_\_\_\_\_

3. Activity:  Walk  Carry 14 Hands:  Left  Right  Both

5. Technique:  Waist  Thighs  Side  Other: \_\_\_\_\_

6. Distance per Walk/Carry: \_\_\_\_\_ ft

7. Time per Walk/Carry: \_\_\_\_\_ sec

8. Object:  Box  Bag  Other: \_\_\_\_\_

9. Object Weight: \_\_\_\_\_ lbs

10. Observation Duration: \_\_\_\_\_ min

11. Number of Walk/Carries: \_\_\_\_\_

Date: \_\_\_\_\_

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Form #: LBW0322004