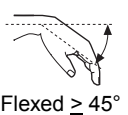


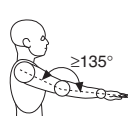

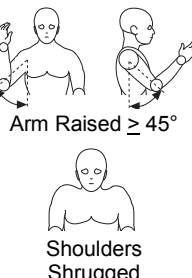
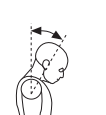
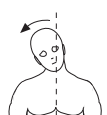
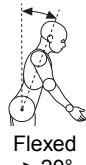
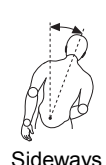

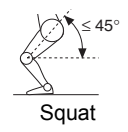


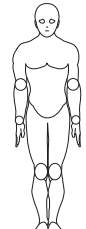
# BRIEF™ Survey — BASELINE RISK IDENTIFICATION OF ERGONOMIC FACTORS

Version 3.0

<b>Step 1</b>	Job Name: _____ Site: _____ Station: _____
<b>Complete Job Information</b>	Date: _____ Dept: _____ Shift: _____ Product: _____

Step 2	Hands and Wrists		Elbows		Shoulders		Neck		Back		Legs	
<b>Identify Risks</b> ▼ <b>2a.</b> Mark Posture and Force boxes when risk factors are observed. ▼ <b>2b.</b> For body parts with Posture or Force marked, mark Duration and/or Frequency box(es) when limits are exceeded.	  Flexed ≥ 45°    Ulnar Deviation		  Rotated Forearm    Fully Extended		  Arm Behind Body    Shoulders Shrugged		  Flexed ≥ 30°    Sideways		   Flexed ≥ 20°    Sideways    Extended		 Squat	
	Left	Right	Left	Right	Left	Right	Left	Right	Twisted	Unsupported	Unsupported	
<b>2a.</b>	<b>Posture</b>		<b>Force</b>		<b>Duration</b>		<b>Frequency</b>		<b>Score</b>		<b>Risk Rating</b>	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Pinch Grip or Finger Press ≥ 2 lb (0.9 kg), or Power Grip ≥ 10 lb (4.5 kg)		≥ 10 lb (4.5 kg)		≥ 10 lb (4.5 kg)		≥ 10 lb (4.5 kg)		≥ 10 lb (4.5 kg)		≥ 10 lb (4.5 kg)	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	≥ 10 sec.		≥ 10 sec.		≥ 10 sec.		≥ 10 sec.		≥ 10 sec.		≥ 30% of day	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	≥ 30/min.		≥ 30/min.		≥ 2/min.		≥ 2/min.		≥ 2/min.		≥ 2/min.	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	H M L		H M L		H M L		H M L		H M L		H M L	

<b>Step 3</b>	<b>Determine Risk Rating</b> In the Score box, write the number of risk factor categories (0-4) checked for each body part. Using the table at right, circle the corresponding Risk Rating for each body part.								
	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right;"><u>Score</u></td> <td style="text-align: left;"><u>Risk Rating</u></td> </tr> <tr> <td style="text-align: right;">3 or 4 =</td> <td style="text-align: left;">High (H)</td> </tr> <tr> <td style="text-align: right;">2 =</td> <td style="text-align: left;">Medium (M)</td> </tr> <tr> <td style="text-align: right;">0 or 1 =</td> <td style="text-align: left;">Low (L)</td> </tr> </table>	<u>Score</u>	<u>Risk Rating</u>	3 or 4 =	High (H)	2 =	Medium (M)	0 or 1 =	Low (L)
<u>Score</u>	<u>Risk Rating</u>								
3 or 4 =	High (H)								
2 =	Medium (M)								
0 or 1 =	Low (L)								

<b>Step 4</b>	<b>Identify Physical Stressors</b> Mark physical stressors observed:	Use the corresponding letters to show location of stressors.	
	<input type="checkbox"/> Vibration (V) <input type="checkbox"/> Low Temperatures (L) <input type="checkbox"/> Soft Tissue Compression (S) <input type="checkbox"/> Impact Stress (I) <input type="checkbox"/> Glove Issues (G)		