



The Ergonomics Center of North Carolina Data Collection Sheet

Evaluator: _____
Company: _____
Job Description: _____
No. of employees exposed to job: _____

Date: _____
Department: _____
Supervisor: _____
Notes _____

No.	Task Description	Task Duration	Task Frequency	Weight / Force	Vertical Ht. Range	Horiz. Reach Range	Distance (carry/push)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

SCHEDULING		TOOLS/ MATERIALS & ENVIRONMENT	
Total Cycle Time(s):		Tool(s):	
Cycles/ Shift:		Tool Weight:	lbs
Shift Length:	hrs	Part(s)/ Object(s):	
Rotation:	Yes / No	Part/ Object Weight:	lbs
Length of Rotation:	Minutes	Part/ Object Dimensions:	
Rotation Schedule:		Lighting Concern:	Yes / No
Break Schedule:		Noise Concern:	Yes / No
		Temp. Concern:	Yes / No
		Contact Stress Concern:	Yes / No
		Glove Use:	Yes / No
		Footrest Available:	Yes / No