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[Workers assessment]			
Workstations assessed:			
Company:			
Date:			
Observations:			
The following questionnaire is designed to assess your percand to give your opinion on how your company manage questionnaire.		·	
Please, read carefully all the questions and, for each of then describes your current situation and your opinion.	n, choose the ansv	ver which you sincerely	consider that best
The questionnaire is divided into 5 sections. All the questions	s included in the qu	estionnaire must be ar	nswered.
n the first four sections indicate your perceived ability to per n the fifth section, give your opinion on how the company ma		ems.	
MPORTANT: The answers to the questionnaire are personal answers are fully guaranteed.	al and voluntary; bo	th the anonymity and c	confidentiality of the
Physical load			
QUESTIONS		ANSWERS	
QUESTIONS	Good	Moderate	Bad
☐ Handling heavy loads (lifting, pushing, pulling).			
Applying force or perform tasks involving intense or prolonged physical activity.			
Standing or sitting for a long time or adopting a static posture.			

Physical load

QUESTIONS			
QOLOTIONO	Good	Moderate	Bad
Performing repetitive movements or rapid movements with the upper limbs (arms, elbows, hands).			
Adopting awkward positions with the arms, hands, trunk or neck.			
Performing tasks that involve bending down, squatting or kneeling.			
Reaching objects or elements that are far away.			
☐ Handling work tools and equipment.			

Cognitive aspects

QUESTIONS	ANSVWERS			
QUESTIONS	Good	Moderate	Bad	
Learning new things, memorize or handle a lot of information.				
☐ Making complex and/or quick decisions.				
Focusing on the task, although there are frequent stimuli and distracting elements in the work environment.				

Vision and hearing

QUESTIONS	ANSVWERS			
QUESTIONS	Good	Moderate	Bad	
Correctly viewing the information and elements necessary to perform the tasks.				

Vision and he	

QUESTIONS		ANSVWERS	
QUESTIONS	Good	Moderate	Bad
Correctly hearing signals, warnings and conversations.			

Environment and work conditions

OUESTIONS	ANSVWERS			
QUESTIONS	Good	Moderate	Bad	
☐ Tolerating high-noise situations.				
☐ Tolerating situations of great heat or cold, or sudder changes in temperature.	1			
☐ Tolerating exposure to vibrations (using machines/tools, driving vehicles, etc.).				
☐ Tolerating the work pace imposed.				
☐ Tolerating shift work or night work.				
☐ Spending long time doing the same activity.				
Adapting to organizational changes (introduction of technologies, new work methods, etc.).				

Age management

Worker's opinion on the company's age management

QUESTIONS	ANSVWERS			
QUESTIONS	l agree	Neutral	I disagree	
En la empresa se realizan acciones adecuadas de promoción de la salud o para favorecer y fomentar hábitos de vida saludables.				

Age management

Worker's opinion on the company's age management

QUESTIONS	ANSVWERS			
QUESTIONS	l agree	Neutral	I disagree	
☐ The company carries out adequate actions to promote health or to encourage healthy lifestyles.				
Health check-ups are adequate and performed often enough.				
☐ Measures are taken to make it easier for me to return to my tasks after an injury.				
☐ The training offered by the company is adequate for my needs.				
My experience and skills are taken advantage of to improve the company processes and/or to train young workers.				
☐ There are adequate measures and activities to facilitate the transition to retirement.				