



ErgoMater

Task:

Company:

Date:

Worker:

Gestational week in which the assessment is performed: _____

Type of pregnancy (choose)

Single

Multiple

Worker's opinion

How would you score the physical effort in your work (related to postures, movements, applied force, handling loads, work pace, etc.)?

Heavy

Normal

Light

Have you noted any change in working ability from the beginning of pregnancy?

Postures and movements

	Time of exposure	
<input type="checkbox"/> The task requires prolonged, continuous standing in a static position.	<input type="checkbox"/> Less than 2 hours/day	<input type="checkbox"/> Between 2 and 3 hours/day
	<input type="checkbox"/> Between 3 and 5 hours/day	<input type="checkbox"/> More than 5 hours/day
<input type="checkbox"/> The task requires intermittent, discontinuous standing in a dynamic position	<input type="checkbox"/> Less than 2 hours/day	<input type="checkbox"/> Between 2 and 3 hours/day
	<input type="checkbox"/> Between 3 and 5 hours/day	<input type="checkbox"/> More than 5 hours/day

Postures and movements

<input type="checkbox"/> Trunk bending forward >20° or trunk bending sideways or twisting clearly visible, in a row) or repeatedly (>2 times/min)	
<input type="checkbox"/> The task requires inadequate trunk flexion > 60°	Frequency
	<input type="checkbox"/> Intermittently (less than 2 times/hour) <input type="checkbox"/> Intermittently (between 2 and 10 times/hour)
	<input type="checkbox"/> Repeatedly (more than 10 times/hour)
	Time of exposure
	<input type="checkbox"/> Less than 2 hours/day <input type="checkbox"/> Between 2 and 3 hours/day <input type="checkbox"/> Between 3 and 5 hours/day <input type="checkbox"/> More than 5 hours/day
<input type="checkbox"/> Kneeling or squatting	
<input type="checkbox"/> Wrist flexion, extension, lateral deviation and/or twisting clearly visible, in a sustained manner (>1 minute in a row), repeatedly (>2 times/min) and/or applying force	
<input type="checkbox"/> The task requires sitting with or without the possibility of changing posture	<input type="checkbox"/> Sitting
	<input type="checkbox"/> Without the possibility of changing posture <input type="checkbox"/> With the possibility of changing posture
	<input type="checkbox"/> Time of exposure
	<input type="checkbox"/> Less than 2 hours/day <input type="checkbox"/> Between 2 and 3 hours/day <input type="checkbox"/> Between 3 and 5 hours/day <input type="checkbox"/> More than 5 hours/day
<input type="checkbox"/> Sitting with legs hanging off the seat and no support for the feet	
<input type="checkbox"/> Sitting without suitable backrest for the trunk	
<input type="checkbox"/> Sitting without enough space under the work surface to comfortably move the legs	

Manual material handling

- Handling loads over the **ACCEPTABLE MASS**.
(record the **handling conditions** on the attached sheet)
- Pushing or pulling forces over 10 kg
- Handling loads >3 kg or applying considerable force while sitting

Environment

<input type="checkbox"/> The task requires working on raised surfaces (platforms, ladders or vertical posters)	Distance from the floor		
	<input type="checkbox"/> More than 1 meter	<input type="checkbox"/> Less than 1 meter	
	Frequency (number of times /8-hour day)		
	<input type="checkbox"/> Less than 4	<input type="checkbox"/> 4-8	<input type="checkbox"/> More than 8
<input type="checkbox"/> The task requires using ladders.	Distance from the floor		
	<input type="checkbox"/> Más de 1 metro	<input type="checkbox"/> Menos de 1 metro	
	Frequency (number of times /8-hour day)		
	<input type="checkbox"/> Less than 4	<input type="checkbox"/> 4-8	<input type="checkbox"/> More than 8
<input type="checkbox"/> Moving on unstable, irregular or slippery surfaces (floors with obstacles or holes, slippery areas, etc.)			
<input type="checkbox"/> Risk of blows or compression to the abdomen (confined spaces, moving objects, constrictive belts or safety harnesses, sudden starts and stops in vehicles, etc.)			

Organization

<input type="checkbox"/> Working >40 hours/week
<input type="checkbox"/> Night work, either fixed or in rotating shifts
<input type="checkbox"/> Paced work without self-selected breaks

Observations:

ErgoMater

Acceptable mass



Task:

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Date:

Worker:

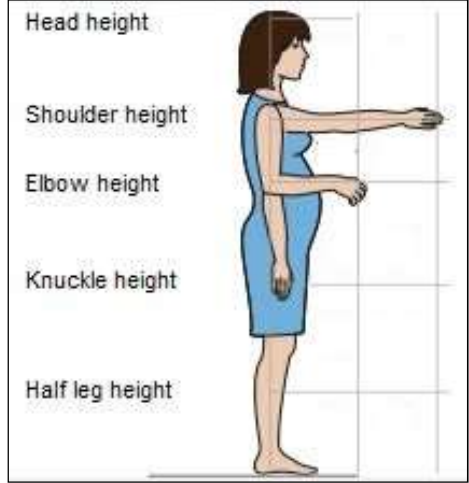
Gestational week in which the assessment is performed: _____

Type of pregnancy (choose)

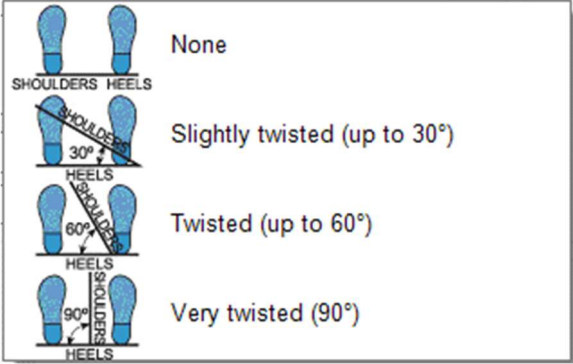
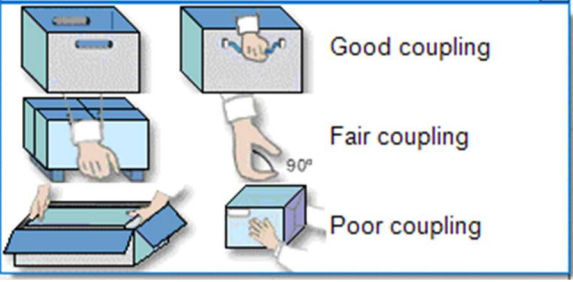
Single

Multiple

Handling conditions

Weight handled	kg
<p>Handling zone (mark on figure):</p>	
<p>Vertical displacement</p>	<p> <input type="checkbox"/> Up to 25 cm <input type="checkbox"/> Up to 50 cm <input type="checkbox"/> Up to 100 cm <input type="checkbox"/> Up to 175 cm <input type="checkbox"/> >175 cm </p>

Handling conditions

<p>Trunk twisting (mark on figure):</p>	 <p>None</p> <p>Slightly twisted (up to 30°)</p> <p>Twisted (up to 60°)</p> <p>Very twisted (90°)</p>
<p>Coupling (click on figure)</p>	 <p>Good coupling</p> <p>Fair coupling</p> <p>Poor coupling</p>
<p>Duration</p>	<p><input type="checkbox"/> ≤1 hour <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 2-8 hours</p>
<p>Frecuency</p>	<p>times/min</p>