



## OCRA Multitask

Task:

Company:

Date:

Observations:

### Organization

#### Repetitive subtask

Subtask	Description





Subtask date

Subtask		Cycle time (s)	
Tecnical action	Side (Right. / Left. / Both)	N°	Time (sec)
<b>Observation-action</b>			
<b>Force</b>			
Check the force exerted according to the Borg scale (or its equivalent as a % of the maximum voluntary contraction)			
<input type="checkbox"/> 0 None at all	<input type="checkbox"/> 0,5 Extremely weak (5% of MCV)	<input type="checkbox"/> 1 very weak (10% of MCV)	<input type="checkbox"/> 2 Weak (20% of MCV)
<input type="checkbox"/> 3 moderate (30% of MCV)	<input type="checkbox"/> 4 quite hard (40% of MCV)	<input type="checkbox"/> ≥5 hard / very hard ≥ (50% of MCV)	
<b>Posture</b>			
Check if the following postures and movements of the upper limb occur			
Shoulder	<input type="checkbox"/> Flexion ≥ 80°	<input type="checkbox"/> Extension ≥ 20°	<input type="checkbox"/> Abduction ≥ 45°
Elbow	<input type="checkbox"/> Flexion / Extension ≥ 60°	<input type="checkbox"/> Pronation ≥ 60°	<input type="checkbox"/> Supination ≥ 60°
Wrist	<input type="checkbox"/> Flexion / Extension ≥ 45° <input type="checkbox"/> Radial / Ulnar desviation ≥ 20°		
Hand	<input type="checkbox"/> Pinch	<input type="checkbox"/> Hook	<input type="checkbox"/> Palmar <input type="checkbox"/> Power
<b>Additional</b>			
Check if the are other additional risk factors			
<input type="checkbox"/> Vibrations	<input type="checkbox"/> Countershocks	<input type="checkbox"/> Presicion	<input type="checkbox"/> Compression
<input type="checkbox"/> Cold	<input type="checkbox"/> Gloves	<input type="checkbox"/> Imposedpace	<input type="checkbox"/> Others