

Repetitive Tasks

Task:

Company:

Date:

Observations:

Subtasks

Subtask	Exposure (% of total task)	Arms Rep. (rep/min)	Hands Rep. (rep/min)
1.			
2.			
3.			
4.			
5.			

Postures

Posture	Time (% of total subtask)	Subtask
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Posture

Subtask:

Posture:

Time (% Of total subtask):

Observations:



Neck

Flexion or extension	<input type="checkbox"/> flexion 0-10°	<input type="checkbox"/> flexion 10-20°	<input type="checkbox"/> flexion >20°	<input type="checkbox"/> extension
Lateral tilt	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Torsion	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Arms

Flexion or extension	<input type="checkbox"/> extension >20°	<input type="checkbox"/> between 20° extension and 20° flexion
	<input type="checkbox"/> flexion 20-45°	<input type="checkbox"/> flexion 45-90°

Wrists

Flexion or extension	<input type="checkbox"/> neutral position (0°)	<input type="checkbox"/> flexion or extension < 15°	<input type="checkbox"/> flexion or extension > 15°
Radial or ulnar deviation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pronation or supination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Esfuerzo de la Hand effort	<input type="checkbox"/> light task (< 10% of maximum force)	<input type="checkbox"/> rather hard task (10-30% of maximum force)	<input type="checkbox"/> hard task (30-50% of maximum force)
	<input type="checkbox"/> very hard task (50-80% of maximum force)	<input type="checkbox"/> nearly the maximum (> 80% of maximum force)	