# Managing risks in manufacturing workplaces:Assessing risks — Musculoskeletal injury (MSI)

Regulatory requirements related to musculoskeletal injury (ergonomics) include sections [4.46 to 4.53](https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-04-general-conditions#SectionNumber:4.46) of the Occupational Health and Safety Regulation. See also the related [OHS Guidelines](https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-guidelines/guidelines-part-04#SectionNumber:G4.46).

For information and resources on this topic, see the following pages on worksafebc.com:

* [Ergonomics](https://www.worksafebc.com/en/health-safety/hazards-exposures/ergonomics)
* [Lifting & handling](https://www.worksafebc.com/en/health-safety/hazards-exposures/lifting-handling)
* [Sprains & strains](https://www.worksafebc.com/en/health-safety/injuries-diseases/sprains-strains)
* [Vibration](https://www.worksafebc.com/en/health-safety/hazards-exposures/vibration)

For assistance using this questionnaire, see [How to use the self-evaluation tool](https://www.worksafebc.com/en/resources/health-safety/information-sheets/managing-risks-manufacturing-how-to-use-self-evaluation).

Musculoskeletal injury (MSI)

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| 1. Have you identified work tasks where there may be an increased risk of MSI (e.g., after referring to sources such as first aid reports, worker comments, injury claims, reduced productivity, absenteeism rates)?

[ ]  Yes [ ]  No Description (where applicable):      |
| 1. Have you conducted risk assessments for jobs or tasks that have been identified as having an increased risk of MSI?

[ ]  Yes [ ]  No [ ]  N/A Description (where applicable):      |
| 1. Do you consider ergonomics when designing the flow of products through the facility and how workers interact with the products?

[ ]  Yes [ ]  No [ ]  N/A Description (where applicable):      |
| 1. Are work activities and processes planned to eliminate or reduce handling, carrying, and/or pushing/pulling?

[ ]  Yes [ ]  No [ ]  N/A Description (where applicable):      |
| 1. Are work activities designed to minimize the same body motion being performed every few seconds (e.g., using work-recovery cycles, task variability, and manageable work rates)?

[ ]  Yes [ ]  No [ ]  N/A Description (where applicable):      |
| 1. Is the workplace designed to allow workers to perform manual handling activities at an ideal height between hip and chest?

[ ]  Yes [ ]  No [ ]  N/A Description (where applicable):      |
| 1. Is the workplace set up to encourage neutral work postures (e.g., adjustable table and conveyer heights)?

[ ]  Yes [ ]  No [ ]  N/A Description (where applicable):      |
| 1. If workers are performing work on a line, are they able to control their line speed?

[ ]  Yes [ ]  No [ ]  N/A Description (where applicable):      |
| 1. When purchasing materials, tools, equipment, and machinery, do you have a system to consider how they will be handled by workers? Are workers consulted prior to purchasing?

[ ]  Yes [ ]  No [ ]  N/A Description (where applicable):      |
| 1. Do you provide education to workers so they can recognize and report the symptoms of MSI, as well as the risk factors associated with MSI (i.e., force, awkward posture, repetition, contact stress)?

[ ]  Yes [ ]  No [ ]  N/A Description (where applicable):      |
| 1. Do you train your workers on the purpose and safe use of MSI controls?

[ ]  Yes [ ]  No [ ]  N/A Description (where applicable):      |
| 1. Do you consult with your workers on MSI risk identification, assessment, and controls?

[ ]  Yes [ ]  No [ ]  N/A Description (where applicable):      |
| 1. Do you monitor the effectiveness of your MSI risk controls at least annually and in consultation with your workers?

[ ]  Yes [ ]  No [ ]  N/A Description (where applicable):      |

**Action plan for musculoskeletal injury**

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| For question      , plans and actions needed to improve existing approach:      |
| Who will carry out the action:      | Due date (yyyy-mm-dd):      | Date completed (yyyy-mm-dd):      |
| Effectiveness of the improvement actions taken:      |
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