



CheckList MMC-ISO

FIELD SHEET

Generic Workstation and Assessment Information

Workstation identifier	
Description	
Company	
Departament / Area	
Section	

Evaluator Information

Evaluating Company	
Evaluator's Name	
Evaluation Date	

Datos del trabajador

Worker data	
Gender	
Age	
Seniority in the position	
Time occupying the workstation per day	
Duration of workday	

Remarks

GROUP A - Weight of the Handled Load or Exerted Force		
No.	Item	
A1	Is it possible to eliminate the need for manual load handling by implementing technical measures (such as the introduction of machinery) or organizational measures?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
A2	Complete if the type of handling involves Transport, Holding, Lifting, Lowering, Placement, or Movement.	Do any of the following conditions apply? - More than 25 kg is handled. - The worker is a woman handling more than 20 kg. - The worker is a man under 20 or over 45 years old handling more than 20 kg. - The worker is a woman under 20 or over 45 years old handling more than 15 kg.
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
	Complete if the type of handling involves Pushing or Pulling.	Do any of the following conditions apply? - The initial or sustained force exceeds 360 Newtons. - The worker is a woman and the initial force exceeds 240 Newtons. - The worker is a woman and the sustained force exceeds 150 Newtons. - The worker is a woman and the sustained force exceeds 250 Newtons.
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>

PA = Number of a responses marked in GROUP A:

GROUP B - Load Characteristics		
Subgroup	No.	Item
Load Shape and Dimensions	B1	Is the load width greater than the worker's shoulder width?
		Responses a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
	B2	Does the depth of the load require the grip point to be more than 25 cm from the body?
		Responses a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
	B3	Does the height of the load obstruct the worker's visibility?
		Responses a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
Load Grip Quality	B4	Is the grip quality of the load poor or inadequate?
		Responses a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
Load Stability and Surface Properties	B5	Is the center of gravity of the load unstable?
		Responses a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
	B6	Is the center of gravity of the load misaligned with its geometric center?
		Responses a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
	B7	Is the heaviest part of the load the farthest from the body?
		Responses a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
	B8	Does the load have sharp edges or cutting elements?
		Responses a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
	B9	Is the load slippery?
		Responses a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
	B10	Is the load temperature extremely high or low?
	Responses a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>	

PB = Number of a responses marked in GROUP B:

GROUP C - Required Physical Effort		
No.	Item	
C1	Is the load handled while in a seated position?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
C2	Is the handling performed by more than one person?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
C3	Can the effort required for the handling be considered high?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
C4	Is it necessary to change grip during handling?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
C5	Is it necessary to twist or bend the torso laterally?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
C6	Are unexpected or sudden movements occurring?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
C7	Are unstable postures adopted?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>

PC = Number of **a** responses marked in GROUP C:

GROUP D - Environmental Characteristics		
No.	Item	
D1	Is the space insufficient, requiring handling with turns, inclinations, or maneuvering difficulties?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
D2	Are slopes, steps, or uneven surfaces present?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
D3	Is the handling performed on vibrating or mobile surfaces?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
D4	Is the temperature too high during handling?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
D5	Is the temperature too low during handling?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
D6	Is the handling performed outdoors with potentially adverse weather conditions (rain, wind, etc.)?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
D7	Is the lighting inadequate, or is the noise level excessive?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>

PD = Number of **a** responses marked in GROUP D:

GROUP E - Task Demands		
No.	Item	
E1	Do any of the following circumstances occur? The handling... - Is performed more than 15 times per minute. - Lasts more than 2 hours and is performed more than 10 times per minute. - Lasts between 1 and 2 hours, with a rest period of less than 30 minutes, and is performed more than 10 times per minute. - Lasts between 1 and 2 hours, followed by more than 30 minutes of rest, and is performed more than 12 times per minute. - Lasts less than 1 hour, followed by a rest period of less than 1 hour but more than 30 minutes, and is performed more than 12 times per minute. - Lasts less than 1 hour, followed by a rest period of less than 30 minutes, and is performed more than 10 times per minute.	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
E2	Are the hands positioned above 175 cm or below foot level at the start and end of the handling?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
E3	Is the vertical distance between the origin and destination of the handled object greater than 175 cm?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
E4	Is the horizontal distance between the body and the load greater than a fully extended arm (>63 cm)?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
E5	Is the vertical displacement of the load performed outside the distance between the worker's knuckles and shoulders?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
E6	Is the horizontal distance of the load during handling greater than 25 cm?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
E7	Do any of the following circumstances occur? The transport distance... - Is greater than 20 meters. - Ranges between 10 and 20 meters, and the accumulated transported weight is greater than 1200 kg. - Ranges between 5 and 10 meters, and the accumulated transported weight is greater than 3600 kg. - Ranges between 1 and 5 meters, and the accumulated transported weight is greater than 6000 kg.	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
E8	Is the work pace associated with manual load handling determined by the process requirements?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
E9	Is the work pace linked to performance-based salary incentive systems?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>

PE = Number of a responses marked in GROUP E:

GROUP F - Individual Factors		
No.	Item	
F1	Is the worker's physique and physical condition below average?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
F2	Is the worker's general health condition poor?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
F3	Does the worker wear clothing or personal accessories that may interfere with safe handling?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
F4	Is the footwear used inadequate and prone to slipping?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
F5	Does the worker lack adequate training on the task and manual handling?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>
F6	Does the worker have a history of lumbar disorders?	
	Responses	a - Yes <input type="checkbox"/> b - No <input type="checkbox"/>

PEF = Number of **a** responses marked in GROUP F:

Score = PA + PB + PC + PD + PE + PF = out of 41 items.

The score represents the number of principles and recommendations on manual load handling that are not met in the task, which may increase the risk and require assessment using an alternative evaluation method.