

ENVIRONMENTAL FACTORS – SENSORY CHECKLIST

Name: _____

Reviewer: _____ Date: _____

Work Site Conditions	Never	Occasional 1-33% of time	Frequent 34-66% of time	Constant 67-100% of time
Temperature				
a. Cold				
b. Hot				
c. Indoor				
d. Outdoor				
Air				
a. Fumes or airborne particles				
b. Odors				
b. Required to wear breathing protection				
c. Wet, Humid conditions				
Noise Level				
a. Quiet				
b. Moderate Noise (office with copier, printers)				
c. Loud				
Lighting				
a. Bright				
b. Average				
c. Dim				
d. Florescent				
e. Incandescent				
Working Space				
a. Shared workspace				
b. Working within ____ ft. of co-workers				
c. Organized and neat				
Vibration				
a. Operate Vehicle				
b. Use of Hand, or Power Tools				
c. Operate Machinery				

Work Site Conditions	Never	Occasional 1-33% of time	Frequent 34-66% of time	Constant 67-100% of time
Physical Effort				
a. Time at a work task				
b. Sustained Positions				
c. Is the physical effort appropriate to the task – Too Light				
d. Is the physical effort appropriate to the task – Too Heavy				
Work Pace				
a. Relaxed				
b. Rapid				
Work Type				
a. Routine				
b. Varied				
c. Multi-Task				

Recommendations:

1. Trial relief, modification strategies

- a. Sight
- b. Touch/Tactile
- c. Smell/Taste
- d. Hearing
- e. Proprioception/Pressure
- f. Vestibular

2. Referral to Other Professionals

3. Comments