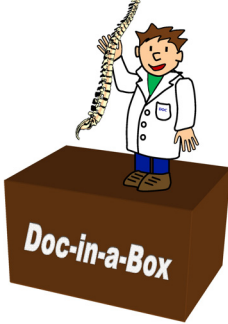





POWER Program™

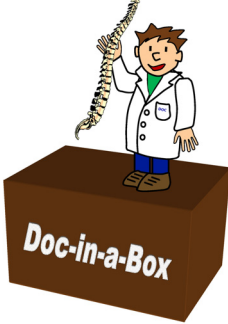


Deliverables Catalog






Doc-in-a-Box™
POWER MIPP Training Implementation & Instructor Guide

Hospitality MIPP Edition
Positive Outcomes in Wellness, Ergonomics and Risk™



Doc-in-a-Box™
POWER Training Implementation & Instructor Guide

General Industry Edition
Positive Outcomes in Wellness, Ergonomics and Risk™



**Refer to Your POWER Implementation & Instructor Guide
for Details on Deliverables Located on Pages 1 - 5.**

The POWER Program™

Doc-in-a-Box
POWER Training Implementation Guide
Positive Outcomes in Wellness, Ergonomics and Risk

Implementation and Instructor Guide (DIAB0-MH-MIPP Hospitality) (DIAB0-GI-General Industry)

POWER Program™
Ergonomics and Musculoskeletal Disorder (MSD) Injury & Illness Prevention - (GET)

Company: _____ Group/Location: _____ Date: ____/____/____
Instructor: _____ Training Time: _____ Duration: _____ Hours

Disclaimers - Please Read
This training includes practical exercises. If you currently have an injury, are in pain, pregnant, or are under the treatment of a health care provider for a specific injury please refrain from doing any activity which may trigger your condition or cause any pain. At a minimum, observe your co-workers during safety exercises so that you may learn the concepts and apply them as soon as you are able.

While training, job, stretching, or performing the practical or obstacle course portions of training, if you notice any pain, discomfort, or other symptoms, please discontinue the activity and immediately notify your instructor and supervisor.

All materials and content, both electronic, written and otherwise contained in The POWER Program™ are confidential and are protected by U.S. Copyright and trademark laws and may not be altered, shared or distributed in any way beyond that intended individual use. By signing this page you hereby agree to the terms and conditions as set forth above.

Print Name: _____ Sign Name: _____ Job / Main Task: _____

Instructor Signature: _____ Date: ____/____/____
(Entered in POWER Metrics Tracking Database (if Available) on ____/____/____ by _____ (Attach to (if Available))
(Scanned Forwarded to AE on ____/____/____ by _____ (Attach to (if Available)))

©2018 Accurate Ergonomics, LLC POWER Program - GET *** Return this form for your records ***

Training Sign-In Sheet (DIAB1)

POWER Program™
Pre-Training Memory Maker Quiz

Instructions: Complete this quiz and turn it in to your instructor or program manager. If you are taking this training course on your own, take this quiz now, then compare your answers below with those in the Post-Training Quiz.

Company: _____ Date: ____/____/____

- The abbreviation MSD stands for _____.
- A MSD is also known as a _____ injury.
- MSDs take weeks, months or _____ to develop.
- Name five critical elements which make a great plan for success around health and injury prevention: 1. _____, 2. _____, 3. _____, 4. _____, 5. _____.
- A person should be doing their best to get _____ hours of sleep every night/day.
- A great way to improve eating habits is to read the _____ labels.
- The best way to prevent obesity and diabetes, is to _____ healthy and _____ regularly.
- For every 10 pounds of weight lifted or carried, there are _____ pounds of stress placed on the spine.
- The three main areas that a person should limit in their diet are _____, _____, and _____.
- The average person should drink about _____ 8 oz. glasses (or _____ 16 oz. bottles) of water a day.
- A person should limit caffeine intake to about _____ milligrams (mg.) or _____ 8 oz. cups a day.
- Exercising the _____ muscle group should be a part of every person's daily routine.
- One of the easiest and best ways to add exercise, is to _____ for thirty minutes every day.
- A person should stretch throughout the day, because maintaining _____ is critical success.
- When a person stretches, they are lubricating their joints with _____ fluid.
- Of the four components of the spine, the _____ are at the most risk of becoming injured.
- For long term success, a person should _____ and _____ throughout their day/shift.
- In order to maintain a neutral posture, one should pay special attention to the position of their _____.
- When lifting and/or pushing an object a person should _____ on exertion.
- According to OSHA, a person should not lift over _____ lbs.
- Maintaining a _____ standing and seated posture allows proper circulation and nerve flow.
- Foots and lifting assist devices should be kept _____ and used to reduce at-risk postures.
- If there is no safe way for one person to perform a task, _____ and _____ assistance.
- When muscles become fatigued, a _____ allows time for recovery.
- Long term success requires a person to use an _____ posture throughout their shift.

Program Manager: Each question is worth 6 points. Enter participant score here: _____ out of 60 points.

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Pre-Training Memory Maker Quiz (DIAB2)

POWER Program™
Memory Maker Quiz
Pre & Post-Quiz Answer Key

Instructions/Program Manager: Instructions: Complete participant answers in the Post-Training Quiz with answers below. Add the scores and assign a grade. If needed, the reason for this answer is to show that each course participant has 1) answered their knowledge base, and 2) successfully completed this course. Optional: If a participant receives a Post-Training Quiz score below 70, consider having this person retake the course.

- The a.
- A MSD
- MSD
- Name 5 critical elements which make a great plan for success around health and injury prevention: 1. _____, 2. _____, 3. _____, 4. _____, 5. _____.
- A person should be doing their best to get _____ hours of sleep every night/day.
- A great way to improve eating habits is to read the _____ labels.
- The best way to prevent obesity and diabetes, is to _____ healthy and _____ regularly.
- For every 10 pounds of weight lifted or carried, there are _____ pounds of stress placed on the spine.
- The three main areas that a person should limit in their diet are _____, _____, and _____.
- The average person should drink about _____ 8 oz. glasses (or _____ 16 oz. bottles) of water a day.
- A person should limit caffeine intake to about _____ milligrams (mg.) or _____ 8 oz. cups a day.
- Exercising the _____ muscle group should be a part of every person's daily routine.
- One of the easiest and best ways to add exercise, is to _____ for thirty minutes every day.
- A person should stretch throughout the day, because maintaining _____ is critical success.
- When a person stretches, they are lubricating their joints with _____ fluid.
- Of the four components of the spine, the _____ are at the most risk of becoming injured.
- For long term success, a person should _____ and _____ throughout their day/shift.
- In order to maintain a neutral posture, one should pay special attention to the position of their _____.
- When lifting and/or pushing an object a person should _____ on exertion.
- According to OSHA, a person should not lift over _____ lbs.
- Maintaining a _____ standing and seated posture allows proper circulation and nerve flow.
- Foots and lifting assist devices should be kept _____ and used to reduce at-risk postures.
- If there is no safe way for one person to perform a task, _____ and _____ assistance.
- When muscles become fatigued, a _____ allows time for recovery.
- Long term success requires a person to use an _____ posture throughout their shift.

Each question is worth 6 points. Grading: #8: 100 - A: 80-84 - B: 72-76 - C: 64-68 - D: 60-63 - F) © Copyright 2018 - Accurate Ergonomics, LLC All Rights Reserved

Pre & Post Training Quiz with Answer Key Set (DIAB3)

POWER Program™
ERGONOMICS, INJURY & ILLNESS PREVENTION
Personal Needs Assessment

Company: _____ Employee: _____ Date: ____/____/____
Job Title: _____ Time on this job: _____ years and _____ months. Age (optional): _____
Main Task: _____ Shift Hours: _____ | Hours Worked: _____ p/week

Describe Your Job
List Your Specific Job Tasks and Duties

Describe the Nature of Your Physical Problem or Challenge (if Any) - (Also See Personal Comfort Survey)
Challenge/Symptoms: _____
Reasons: _____

Physical Information
My Dominant Hand is Right Left | Height: _____ ft. _____ in. | Misc./Other: _____
 Use, or do not use a brace/support while at work. If yes, type _____ how long

Other Personal Information or Challenge: _____

Personal Task Time Analysis. Describe how you spend your time at work below:
A. I spend _____ % of my time performing physical tasks (active), and _____ % in an office (non-active) = 100%
B. I spend _____ % of my time performing this task.
C. I spend _____ % of my time performing this task.
D. I spend _____ % of my time performing this task.
E. Rate A, B, C, D, in the order of what poses the greatest risk of injury to your back, shoulders or knees: _____
F. Describe any job accommodations, medical restrictions or special circumstances: _____

Training Needs Assessment Rating: _____
If I, my last ergonomics or injury prevention training was on: ____/____/____ (All in Internal Program Manager Use Only) (This: C1: C2: C3: C4: C5: 5 (Highest))
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Training Needs Assessment and Personal Comfort Survey (DIAB4)

POWER Program™
MIPP - INJURY & ILLNESS PREVENTION
My Personal Comfort Survey

Company: _____ Employee: _____ Date: ____/____/____
Job Title: _____ Time on this job: _____ years and _____ months. Age (optional): _____
Main Task: _____ Shift Hours: _____ | Hours Worked: _____ p/week

1. Have you experienced discomfort or pain during the last year? Yes No. 2. Rate your level of discomfort over the past month by: A) divide in the area where you feel discomfort or pain; B) Circle a number (1-10) on the corresponding discomfort scale; C) If the area of discomfort is located on the front of your body place an "F" (Front) in or next to that area.

No Discomfort | Most Discomfort

1 2 3 4 5 6 7 8 9 10 | Neck | Upper Back | 1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10 | Left Shoulder | Left Shoulder | 1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10 | Left Elbow Forearm | Right Elbow Forearm | 1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10 | Left Wrist Hand | Right Wrist Hand | 1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10 | Left Finger | Right Finger | 1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10 | Left Thumb | Right Thumb | 1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10 | Left Knee | Right Knee | 1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10 | Left Ankle or Left Foot | Right Ankle or Right Foot | 1 2 3 4 5 6 7 8 9 10

Respond to the questions below by circling the number which best represents your Personal Experience

Rate your level of fatigue while at work: 1 2 3 4 5 6 7 8 9 10 (10 = Highest)

Rate your level of discomfort while at work: _____ (All in Internal Program Manager Use Only) (This: C1: C2: C3: C4: C5: 5 (Highest))
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My Comfort Survey (DIAB4a)

ACCURATE ERGONOMICS™

Owner's Manual For the Spine™

A Prescription For Sustainable Success

POWER program General Employee Training Manual - Modules 1-5
POWER - Positive Outcomes in Wellness, Ergonomics and Risk™

Owner's Manual for the Spine (Training Manual) (DIAB5)

ACCURATE ERGONOMICS™

Owner's Manual For the Spine™

Course Workbook

POWER program General Employee Training Modules 1-5
POWER - Positive Outcomes in Wellness, Ergonomics and Risk™

Course Workbook (DIAB6) (Includes DIAB7, 8, 9, 11)

POWER Training - Module One & Two Checklist

The checklist below includes each key point presented in The POWER Program. During this course you will be prompted to place a checkmark in each "Yes" box. You are writing your own Personal Plan for Success. Upon completion, review your checklist to ensure you have included every element necessary for your long term success. Make copies of your checklists and post them in places where you will be reminded daily of your new or renewed goals and commitments.

If you have already achieved success in an area, check the "Success" box. Then, as you achieve success with each of your goals place a check mark in the corresponding "Success" box. Review your checklist routinely so that you can track your progress and keep overall success. Continue this process until you have reached the ultimate goal of "Sustainable Success." (See Bottom of Page)

Goal

<input type="checkbox"/> Increase Sleep Time - My Goal is to Add _____ Minutes a Night (Goal is 7-8 Hours)	<input type="checkbox"/>
<input type="checkbox"/> Shop Smart and Use a Shopping List	<input type="checkbox"/>
<input type="checkbox"/> Eat a Healthy Breakfast	<input type="checkbox"/>
<input type="checkbox"/> Eat a Healthy Lunch and Dinner - Bring Nutritious Foods from Home if Necessary	<input type="checkbox"/>
<input type="checkbox"/> Eat Healthy Snacks - Bring Nutritious Snacks from Home if Necessary	<input type="checkbox"/>
<input type="checkbox"/> Eat a Balanced Diet - I Eat More _____ in My Diet	<input type="checkbox"/>
<input type="checkbox"/> Eat More Fruit - I Aim to Eat More _____	<input type="checkbox"/>
<input type="checkbox"/> Lose Weight - My Goal is to Lose _____ Pounds in _____ (Ex: 3 Months)	<input type="checkbox"/>
<input type="checkbox"/> Eliminate or Significantly Reduce Salt/Sodium Consumption	<input type="checkbox"/>
<input type="checkbox"/> Eliminate or Significantly Reduce Sugar Consumption	<input type="checkbox"/>
<input type="checkbox"/> Go Through Kitchen Cabinets and Refrigerator - Plan to Replace All Unhealthy Food	<input type="checkbox"/>
<input type="checkbox"/> Make a Healthy Shopping List and Stick To It - See Workbook Pages 8 & 9	<input type="checkbox"/>
<input type="checkbox"/> Read Nutrition Labels Before Making a Purchase & Compare Labels - See Page 9	<input type="checkbox"/>
<input type="checkbox"/> Increase Water Intake and Hydrate All Day and Day Long - Approximate 80-90 oz a Day	<input type="checkbox"/>
<input type="checkbox"/> Eliminate or Reduce Caffeine Consumption - Switch to Decaf and/or Herbal Tea	<input type="checkbox"/>
<input type="checkbox"/> Eliminate or Significantly Reduce Soda and Energy Drink Consumption	<input type="checkbox"/>
<input type="checkbox"/> Exercise 30 or More Minutes Every Day. My Goal is _____ Min. _____ Times a Week	<input type="checkbox"/>
<input type="checkbox"/> Exercise Core Muscles (Front & Back) for 10 Minutes. <input type="checkbox"/> Once or <input type="checkbox"/> Twice a Day	<input type="checkbox"/>

Module Two - Prepare My Body & Mind For Success

<input type="checkbox"/> Warm-Up and Stretch Before Starting Work - See Pages 10 and 11	<input type="checkbox"/>
<input type="checkbox"/> Stretch Routinely Throughout the Day - Before, During and After Tasks, Breaks, Etc.	<input type="checkbox"/>
<input type="checkbox"/> Drink Small Amounts of Water and Eat Healthy Snacks Throughout Shift and Day	<input type="checkbox"/>
All Module 1 & 2 Goals Were Accomplished on ____/____/____	<input type="checkbox"/>

Module 1 & 2 Course Checklist (DIAB7)

The POWER Program™

Warm-Up & SAFE Stretch Routine & Instructions (DIAB8)

Core Exercise Routine (DIAB9)

10-POW Pocket Cards (DIAB10)

My Personal Summary & Action Plan Checklist (DIAB11)

Post-Training Memory Maker Quiz (DIAB12)

Post-Training Memory Maker Quiz with Answer Key Set (DIAB13)


Test Your Knowledge (Final Test) (Test Only) (DIAB14)

Test Your Knowledge (Test and Answer Key Set) (DIAB15)

Test Your Knowledge Answer Key (DIAB16)

The POWER Program™

Sign On To The 90 Day POWER Challenge!



...and Improve Your Life in Just 90 Days...

Everyone Sign This Page and Post It In an Easy to See Location

Date: ___/___/___ Group Name: _____

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**The 90 Day POWER Challenge
Sign-On Sheet (DIAB17)**

The 90 Day POWER Challenge

Sign On To The 90 Day POWER Challenge - Nothing to Lose, Everything to Gain!

Commitment List: Make a commitment to incorporate every suggestion listed below into your life and daily routine for the next 90 days. In order to gauge overall improvement, rate how you feel today on a scale of 1-10. One represents the low end of the scale and ten represents the high end of the scale. After 90 days rate how you feel and compare how many points you improved on the bottom of this page.

Name: _____ On ___/___/___ I feel like a _____ (1-10)

- Get 7-8 hours of sleep every night. Increase my sleep time by _____ minutes a night.
- Perform 10 minutes of core strengthening exercises every morning and/or evening.
- Eat a healthy breakfast. My goal is to lose _____ pounds in the next _____ days.
- Eat a healthy lunch and dinner. Bring nutritious foods and snacks from home.
- Eliminate or significantly reduce caffeine consumption.
- Stretch every day before starting work.
- Drink water throughout your shift and day.
- Eat healthy, nutritious snacks between meals.
- Eliminate or significantly reduce salt and sugar consumption.
- Eliminate or significantly reduce soda and energy drink consumption.
- Stretch after breaks and lunch, before and in between tasks.
- Take your wallet out of your back pocket / Carry your purse in a balanced way.
- Memorize the 10-POW (Commit all 10 POWER Posture Steps to Memory).
- Pause for a second or two before every task and adjust your posture.
- Deploy as many of the 10-POW Steps as possible every day, in every task.
- Imagine that you have a glass full of water on your head - and don't spill it!
- Take a shower every day after work. Drying clothes, hair, filling, brushing, etc.
- Exercise and/or walk for 30 minutes every day, a minimum of 3 times a week.
- Consider purchasing a new pair of quality, slip-resistant work shoes. Add laces!
- When you see a coworker's spine at risk, give them a FORM!
- When you see a coworker using their POWER Posture, give them a POW!

I started the 90 day POWER Challenge on ___/___/___ I now feel like a _____ (1-10). A _____ point improvement! (10 best ___ lbs.)

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**90 Day POWER\$ Challenge
Checklist (DIAB18)**

THE POWER PROGRAM™

POWER Course Evaluation & Instructor Feed-Back

Please complete this form. The feedback you provide will assist in the continuous improvement of subject matter and instruction for future training classes. Thank You!

Topic: POWER- MSD Injury and Illness Prevention

Having completed today's training:

Do you have an increased level of awareness around maintaining health & preventing injuries? Yes No
Do you feel you are better prepared to protect yourself and others from becoming injured? Yes No
Do you feel that you are less likely to become injured? Yes No
Do you see that health, stress, nutrient sources and injury prevention are connected? Yes No
Do you see that planning, preparing and executing a POWER Posture may prevent an injury? Yes No
Do you see that applying POWER Posture Techniques prevents cumulative stress and injury? Yes No
Do you see that training will help you prevent injuries at work and at home? Yes No

Would you recommend this training class to others? Yes No

What information or skill did you find the most useful?

What are the three most important lessons you received from this training?

What will you do differently (change or adjust) as a result of this training?

What else would you like to learn or see covered in this type of training?

How clear and understandable in communicating course content? Yes No

If No Please Explain: _____

Training "Class" Overall Rating (circle one): (1 = Lowest) 1 2 3 4 5 (5 = Best)

Training "Instructor" Overall Rating (circle one): (1 = Lowest) 1 2 3 4 5 (5 = Best)

Name: _____ Date: ___/___/___

☑ Please complete this form and return it to your instructor prior to leaving the class!

**Course Evaluation & Instructor
Rating (DIAB19)**

POWER Program™ - Warm-Up & SAFE Stretch Program - Program Initiation Data

Company: _____ Location: _____ Internal Leader or Specialist Name: _____ Date: ___/___/___

Group Name	Team Name	Location	1. Leader Name	2. Scribe	3. Date	4. Time	5. Begin Date	6. Attendance	7. Notes	8. Status

Group Name: _____ Note: _____

**Warm-Up & SAFE Stretch
Program Initiation Data Sheet
(DIABSM1)**

Warm-Up & SAFE Stretch and Flexibility Exercises

Step By Step Process for Leading a Warm-Up and Stretch Routine

Prep: Start and end on time. Every person should participate in the stretch unless there is a physical or medical reason not to. Prepare the group for stretching. Have employees move about 15-20 seconds. Walk in place, rotate shoulders, move arms, legs, etc. This movement will create some initial blood flow into muscles and lubricate joints. Some appropriate music may create more joy in and enthusiasm. However, music is optional and should not be played at a volume which drowns out the leader's voice or encourages employees to bounce around.

Reminder: Prior to stretching, remind the group that if something hurts stop immediately or back off. Do the stretch until it is comfortable. Stretches are to be performed slowly. Each employee is to focus on their own muscles, identifying areas which may be tight or painful, or may have a limited range of motion. Remind employees to breathe slowly as they are stretching and throughout their work day. Remind your group to never bounce when stretching, as this tightens muscles. Each stretch is focused on one specific set of muscles. Each stretch is a slow and sustained hold for approximately 10 seconds, except wall-side-squats and corner push-ups (the last two stretches).

Routine: Maintain the same sequence of stretches every day: begin with the head and neck, then shoulders and upper body, wrists and forearms, side stretches, leg, etc. As the leader, you are participating in the stretch, however, you are also tasked with watching your coworkers and making sure that everyone is both participating and performing the stretch in the correct manner. Whenever possible, perform the runners stretch, low wall-side of a vehicle or other surface.

If enough wall space is available perform wall-side-squats. This is a great stretch for the lower back and to improve core strength. Wall-side-squats may be the only time some of your coworkers exercise their core. This is the only stretch where the longer it is held, the better the result. This is also a great time to deliver a positive message before dismissing your group. If your group includes at-risk employees add a set of corner push-ups, if a corner is available.

Maintain Flexibility: Remind employees that while the pre-work warm-up and stretch is important, they also need to warm-up and stretch throughout the day. Examples of times to stretch, which will not take additional time include: 1) While walking towards a task such as approaching a cart which needs to be moved or a value which needs to be reviewed, perform shoulder and wrist rotations up to the time they are ready to push the cart or operate the value, these body parts have been properly warmed-up and lubricated; 2) After sitting the restroom or refilling a water bottle; 3) Whenever standing for a few minutes, walking in a circle; 4) After refilling a water bottle, in an elevator, etc.; 4) When reading an email, perform a chin-side or wall-side-squat.

Employees need to develop the habit of using brief "down timer" or "micro-breaks" to improve their health and quality of life. Stretching should become a normal daily routine, both at home and at work. Stretching before arriving and every 30-60 minutes for at-risk employees and following a meal is a great way to stay healthy and productive.

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**Stretch Leaders Guide
(DIABSM2)**

WARM-UP & SAFE STRETCH AUDIT

Date: ___/___/___ Group Name: _____ Location: _____

Start Time: _____ Class: _____ Class #: _____ Leader Name: _____ Storage (Points): Yes No

End Time: _____ Duration: _____ Department Head Name: _____ Group Head Count: _____

QUESTION	YES/NO	RATE 1-10
1. Does this group meet every 10 minutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2. Is the location adequate position, lighting, space?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3. Do the stretch routine last 10 min?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4. Do all employees attend the warm-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5. Does the group's 10 min manager routinely attend and participate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6. Do employees have specific memory from the routine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
7. Are prevention-based, health and safety messages delivered daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
8. Is the stretch time being used as a warm-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
9. How long has the routine been in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New to routine
10. How long has the routine been in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New to routine

Auth Presence: Absent Present Absent Present Absent Present Absent Present Absent Present Absent

Score: _____ / 100

NOTES - COMMENTS - SUGGESTIONS - IDEAS - SOLUTIONS - RECOMMENDATIONS

**Warm-Up & SAFE Stretch Audit
Form (DIABSM3)**

POWER Program™ - Ergonomics & Injury Prevention | SUGGESTION FORM

The POWER Program (include outcomes in outcomes, Ergonomics and Risk) includes an opportunity for every employee to make suggestions and recommendations concerning workplace health, injury prevention, safety and efficiency. To submit a suggestion to improve the opportunity to provide a better safety, report on unsafe conditions or behavior in the work environment, or suggest an improvement, complete this form and place it in a suggestion box or give it to your safety officer or Injury Prevention Champion. If more space is required, use a piece of paper and attach to form. (This is NOT a work order)

Date: ___/___/___ Location: _____ Task: _____

Tool: _____ Equipment: _____

Describe the risk, potential unsafe condition, at-risk behavior, postural challenge, or opportunity for improvement: _____

Describe any causes or contributing factors: _____

What would you suggest in order to prevent a future injury, improve a health and safety outcome, or improve efficiency around this behavior, task, tool or equipment? _____

Has this suggestion been reported to a Supervisor? Yes No | If yes, Supervisor's Name: _____

Employee Name (Optional): _____ Department/Location: _____

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**Ergonomics & Injury Prevention
Suggestion Cards (DIABSM4)**

POWER Program™ - Ergonomics & Injury Prevention | NON-INJURY / NEAR-MISS Incident Report

The POWER Program (include outcomes in outcomes, Ergonomics and Risk) includes an opportunity for every employee to report a near miss, an unreported event that did not result in injury, illness or damage - but had the potential to cause harm to self or others. To report a near miss, an unreported event that did not result in injury, illness or damage, complete this form and place it in a suggestion box or give it to your safety officer or Injury Prevention Champion. (This is NOT a work order). Employees are advised that the use of this form or other reports of at-risk events, unsafe conditions or behaviors are protected by law - it would be illegal for your employer to take any action against an employee in retaliation for exercising their rights to participate in a program that promotes health and safety. Additional feedback, useful comments and attachments to form:

Date: ___/___/___ Location: _____ Task: _____ Employee Name: _____

What Happened? Describe the near miss, unsafe condition or postural challenge: _____

What could have happened? Describe which body part(s) could have been injured: _____

Describe how this near miss or exposure could be prevented in the future, in order to achieve a positive outcome: _____

Has this near miss been reported to a Supervisor? Yes No | If yes, Supervisor's Name: _____

Employee Name (Optional): _____ Department/Location: _____

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**Ergonomics & Injury Prevention
Near-Miss Report Cards (DIABSM5)**

POWER Program™ - Ergonomics & Injury Prevention | EARLY REPORT OF SYMPTOMS

The POWER Program (include outcomes in outcomes, Ergonomics and Risk) includes an opportunity for every employee to communicate any signs and/or symptoms of a potential or future injury. To report a sign or symptom, complete this form and give it to your supervisor, Safety or Injury Prevention Champion, at work immediately.

Employees are advised that the use of this form or other reports of symptoms are protected by law - it would be illegal for your employer to take any action against an employee in retaliation for exercising their rights to participate in a program that promotes health, injury prevention and safety. Additional space is needed, use a piece of paper and attach to form.

Early Reporting of Symptoms is Designed to Allow Your Employer an Opportunity to Act on Preventing an Injury.

Date: ___/___/___ Employee Name: _____ Department: _____

Describe your symptoms. What are you experiencing? Fatigue Irritation Pain Other _____

Rate your level of discomfort or pain: (1 = Lowest) 1 2 3 4 5 6 7 8 9 10 (10 = highest)

What other sign(s) are you experiencing? Numbness Tingling Swelling Redness Other _____

What part(s) of your body are experiencing this symptom (Example: Low Back, Neck, Right Shoulder, Left Knee, etc.)? _____

What task were you performing and/or tool or equipment were you using (if any) when you noticed this symptom? _____

What do you believe is causing this symptom? _____

What do you think would prevent a future injury to this part(s) of your body? _____

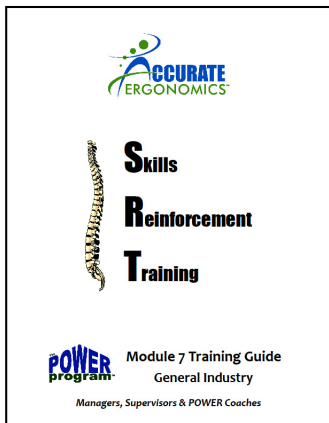
Has this symptom been reported to a Supervisor? Yes No | If yes, Supervisor's Name: _____

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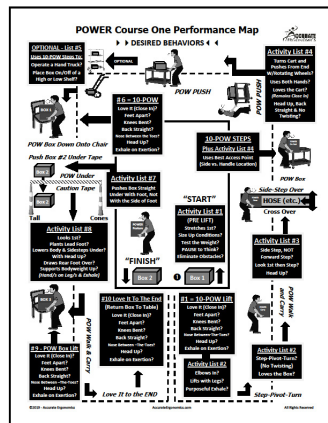
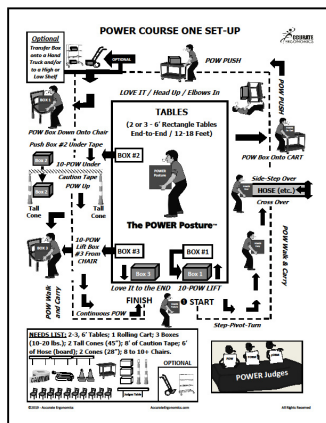
**Ergonomics & Injury Prevention Early
Report of Symptoms Cards (DIABSM6)**

The POWER Program™

Skills Reinforcement Training (SRT) - General Industry - POWER Phase II - Module Seven



POWER Program Training Sign-In Sheet
SKILLS REINFORCEMENT TRAINING (SRT)
Ergonomics and Musculoskeletal Disorder (EMD) Injury & Disease Prevention



POWER Skills Reinforcement Training Implementation & Instructor Guide - Module 7 - (DIABSR1-GI)

POWER - SRT Sign-In Sheet (DIABSR2)

POWER - SRT POWER Course One Set Up Image (DIABSR3)

POWER - SRT POWER Course One Performance Map Image (DIABSR4)

POWER SRT Course One - Power Posture Observation Worksheet

SRT POWER Course Two - Observation Worksheet

SRT - POWER Posture Observation & Communication Worksheet "GI"

SRT - POWER Posture Communication & Score Card

POWER - SRT POWER Course One Observation Worksheet (Populated) (DIABSR5)

POWER - SRT POWER Course Two Observation Worksheet (Blank - DIY) (DIABSR6)

POWER - SRT POWER Course Two Observation Worksheet (GI) (DIABSR7)

POWER - SRT POWER Posture Communication & Score Cards (GI) (DIABSR8)



POWER - SRT POWER Course Judge Flash Cards (DIABSR11)


SRT Implementation Set (Starter Package):
Package Includes: 5 Sign-In Sheets, 1 Implementation Guide, 35 Observation Worksheets, 20 Communication & Score Cards, 1 Set of Judges Flash Cards

Skills Reinforcement Training (SRT) is Phase II of the POWER Program

Post completion of Phase I POWER Training, deliver SRT to reinforce the lessons, skills and behaviors learned during POWER Training and Module Five. Small group practice sessions give each employee an opportunity to apply and practice their new POWER Posture Skills utilizing a POWER Course (POW/PAR Course), or on relevant tasks. SRT includes an easy method to measure the Baseline Efficiency Metrics of each employee. SRT also sets the stage for Phase III (POWER Coaching). The Implementation Guide includes everything an Instructor needs to deliver SRT. Instructors utilize a SRT Observation Worksheet. Employees receive an SRT Communication & Score Card that includes the specific areas where Key POWER Goals have been met, as well as where improvements are needed in order to increase human efficiency and prevent costly and painful injuries. Begin with the SRT Implementation Set for 15 employees, then order additional Worksheets and Communication Cards Sets, as needed.

The POWER Program™

Skills Reinforcement Training (SRT) - MIPP Hospitality - POWER Phase II - Module Seven



Skills Reinforcement Training

Module 7 Training Guide
MIPP Hospitality
Managers, Supervisors & POWER Coaches

POWER Program™ Training Sign-In Sheet

SKILLS REINFORCEMENT TRAINING (SRT)
Ergonomics and Musculoskeletal Disorder (MSD) Injury & Illness Prevention

Co. Name: _____ Group/Location: _____ Date: ____/____/____
 Training Time: _____ Duration: _____ Hours

Disclaimer - Please Read

While training is a practical session, if you currently have an injury, are in pain, pregnant, or are under the treatment of a health care provider for a specific injury please refrain from using any activity which may trigger your condition or cause pain. At a minimum, observe your coworkers during skill sessions so that you may learn the concepts and apply them as best as you are able.

While Warning Up, Stretching, or performing the practical or obstacle course portions of training, if you notice any pain, dizziness, or other symptoms, please discontinue the activity and immediately notify your instructor and supervisor. All materials and content, both electronic, written and otherwise contained in the POWER Program are confidential and are protected by U.S. Copyright and Licensing Laws and may not be altered, shared or distributed in any way beyond their intended individual use. By signing this page you hereby agree to the terms and conditions set forth above.

Print Name: _____ Sign Name: _____

1. _____
 2. _____
 3. _____
 4. _____
 5. _____

Instructor Signature: _____ Date: ____/____/____
 Optional: If using the POWER Metrics Tracking Database, Email or other tracking program.
 (Entered in POWER Metrics Tracking Database on: ____/____/____)
 (Entered in Email or Other Database on: ____/____/____)

©2019 Accurate Ergonomics, LLC SRT Sign-In Sheet *** Keep this form for your records

POWER Skills Reinforcement Training Implementation and Instructor Guide - Module 7 - (MIPP-Hospitality) (DIABSRT1-MH)

POWER - SRT Sign-In Sheet (DIABSRT2)

SRT - POWER Posture Observation & Communication Worksheet "MH"

Co. Name: _____ Employee Name: _____ Date: ____/____/____
 Location: _____ Task/Tool/Equipment: _____ Power Coach: _____

Positive Reinforcement Leads to Meaningful Behavior Change. Observe an employee perform a task. 2. Check the "POWER" box. (S) indicates a POWER step has been achieved, (E) is the "Work On" box. (M) is work to be done. (N) is a note to a supervisor or a POWER step (requirement). (A) is a "Work On" box and indicates a note below. 3. Make additional notes and observations by filling in the "Notes" box. 4. The instructor/observer's initial notes should be filled in. 5. Complete the Employee Communication Card "MH" by a Coach or HR in the appropriate POW and Work On boxes. 6. Highlight the Work On steps and your Specific Suggestions & Special Notes from the front back of the card. 7. Have employees read & explain what you observed and provide coaching on why and how they may improve. 8. Instruct employees over the next few days to: A. Place a checkmark in each "Work On" box when they are corrected. B. Carry their card with them until all steps and suggestions are achieved. C. Complete bottom of worksheet. Add their "POWER" score.

POWER STEPS	POW	Work On	POWER STEPS	POW	Work On
Low H (Get Close)	<input type="checkbox"/>	<input type="checkbox"/>	Head Up (Level)	<input type="checkbox"/>	<input type="checkbox"/>
Feet Apart (Broad Based)	<input type="checkbox"/>	<input type="checkbox"/>	Exhale On Exertion	<input type="checkbox"/>	<input type="checkbox"/>
Neck Bent	<input type="checkbox"/>	<input type="checkbox"/>	Low H (Stay Close)	<input type="checkbox"/>	<input type="checkbox"/>
Back Straight	<input type="checkbox"/>	<input type="checkbox"/>	Step Height Turn (No Walk)	<input type="checkbox"/>	<input type="checkbox"/>
Neck Between The Toes	<input type="checkbox"/>	<input type="checkbox"/>	Low H To The End	<input type="checkbox"/>	<input type="checkbox"/>

POWER SUGGESTIONS from GET Training, Discussion and Observation

□ Sleep 7-8 Hours □ Sleep a Pillow Under/Underneath Knees □ Stretch Often □ Drink Water □ Eat Healthy Snacks
 □ Walk During Lunch Breaks (Safe w/Hand(s)) □ Drink Less Caffeine □ Eat Less Sugar and Salt □ Exercise Core Muscles
 □ Do Not Overreach □ Prepare Body Before Tasks □ Keep Work & Tasks in the POWER Zone □ Support Backweight
 □ Do Not Bend Forward at Waist □ Use Where You Step & Where You Look □ Remove Wallet From Back Pocket
 □ Remove Purse From Shoulder □ Sit & Stand Straight Head Level □ Use a Gaffer's Lift □ Stretch in Between Tasks
 □ Separate Movement into Steps □ Use More Core & Less Upper Body □ Bend Knees When Lifting, Head Level
 □ Use More Core □ Separate Steps □ Use Your Core/Back/Neck/Shoulder □ Use Arms to Lift/Move/Carry

SPECIAL GOALS/IDEAS: □ Increase Head/Neck Posture □ Keep Trunk and Shoulders Flat □ Pick Up Items From Floor to POW
 □ Keep Knees In □ Do Not Drag/Slide Items Over/Under/Over □ Make Beds on POW □ Get Close to Bed Corners
 □ Use King Tack Method □ Use Waist Strap □ Walk Trunk With 2 Hands in POW □ Sleep With the Trunk
 Between A Chair □ Use a Center or 4-Click Free □ Keep Trunk Flat & Click Free □ Drink & Sleep Right
 □ Use Shoulder High Turn to Right □ Lift/Carry/Move Handle □ Hand Holds □ Lift/Carry/Move Hand on Right
 □ Lift/Carry/Move Tool & Floor Buffer Handles □ Stand up when Changing Shower & Lid □ Clean & Lift & Replace TP in POW
 □ Use Shoulder High Turn to Left □ Use Shoulder High Turn □ Use Shoulder High Turn □ Use Shoulder High Turn
 □ Ask for Help when Necessary (SHE) □ Do Not Overhaul Car/Truck Lines High □ Put Car's Lifting & Motion Station Only
 □ Load and Unload Car in POW □ Use the Right Height □ Drink Gator From Hand Holding Station
 □ Push/Retracting Cart With 2 Hands in POW □ Push With Feet & Hands Straight □ Move a Cart at a Time

STRETCHES TO PERFORM: □ Chin Sticks □ High Heels □ Drink Gator From Hand Holding Station
 □ EXERCISES TO PERFORM: □ Ab Crunches (Sit Up) □ Back Extension □ Neck On Neck □ SHOULDERS □ Groin Ham Stretch
 □ Neck Neck Corners □ Midline Neck □ Hip Flexion □ Hip Flexion

MOBILITY: □ Avoid Air Prevention □ Keep Feet on Task □ Focus Mind On Task □ Do Not Walk □ Do Not Become Frustrated
 □ Do Not Become Complacent □ Remove Purse/Bag From Back □ Keep Feet on Task □ Keep Feet on Task □ Keep Feet on Task

TRAINING SRT SCORE: _____ 1 □ Coaching & Positive Feedback Was Provided
 □ Give Employee Their Communication Card □ Fill Out a Corrective Action Report: Completed On: ____/____/____
 Additional □ Coaches □ Training Resources □ Steps □ Make □ Use □ Estimate # of Observations Made: _____
 Follow-Up Coaching Provided On: ____/____/____ Improvement Made: Yes No
 Name: _____ IN POWER ADVISED: _____ POWER Star Tracker: ☆☆☆☆☆

©2019 Accurate Ergonomics, LLC 1-800-893-2176 www.accurateergonomics.com POWER Posture Observation & Communication Worksheet "MH" (DIABSRT9)

SRT POWER Posture Communication Card "MH"

Name: _____ Date: ____/____/____

In order to prevent a future injury and to ensure that you are using your body in the most efficient and protective manner possible for your own health and safety, it is critical that you achieve a complete POWER Posture. Changing your posture and habits will require you to pay special attention to the items below. A checkmark in a "POWER" box indicates that you have achieved that step. A filled in "Work On" box indicates a step which needs improvement.

Practice each of the "15-POW" POWER Posture Steps until they become second nature.

POWER Posture Step	POW	Work On	POWER Posture Step	POW	Work On
Low H (Get Close)	<input type="checkbox"/>	<input type="checkbox"/>	Keep Your Head Up (Level)	<input type="checkbox"/>	<input type="checkbox"/>
Spread Your Feet Apart	<input type="checkbox"/>	<input type="checkbox"/>	Exhale On Exertion	<input type="checkbox"/>	<input type="checkbox"/>
Brace Your Knees	<input type="checkbox"/>	<input type="checkbox"/>	Low H (Stay Close)	<input type="checkbox"/>	<input type="checkbox"/>
Straighten Your Back	<input type="checkbox"/>	<input type="checkbox"/>	Do Not Twist (Step/Pivot)	<input type="checkbox"/>	<input type="checkbox"/>
Head Between-The-Toes	<input type="checkbox"/>	<input type="checkbox"/>	Hold POW Until Finished	<input type="checkbox"/>	<input type="checkbox"/>

STAR POWER (S) in Each Box Below and in the Back of this Card to Achieve Each POWER Step

□ Sleep 7-8 Hours □ Sleep with a Pillow Under/Underneath Knees □ Drink Water Often □ Eat Nutritious Snacks
 □ Drink Less Caffeine □ Eat Less Sugar & Salt □ Prepare Body Before Tasks □ Exercise Core Muscles (SEE BACK)
 □ Do Not Bend Forward at Waist □ Remove Wallet From Back Pocket □ Purse From Shoulder □ More On Back

Thank You For Your Effort! STAR POWER ☆☆☆☆☆

Your Current Score: _____

©2019 Accurate Ergonomics, LLC SRT POWER Posture Communication Card "MH" (DIABSRT10)

SRT Implementation Set
(Starter Package)

Package Includes:

- 5 Sign-In Sheets
- 1 Implementation Guide
- 15 Observation Worksheets
- 15 Communication & Score Cards
- 1 Set of Judges Flash Cards (See Page 4)

POWER - SRT POWER Posture Observation & Communication Worksheet (MH) (MIPP Hospitality) (DIABSRT9)


POWER - SRT POWER Posture Observation & Score Card MH (MIPP Hospitality) (DIABSRT10)

Skills Reinforcement Training (SRT) is Phase II of the POWER Program.

Post completion of Phase I POWER Training, deliver SRT to reinforce the lessons, skills and behaviors learned during POWER Training and Module Five. Small group practice sessions give each employee an opportunity to apply and practice their new POWER Posture Skills on relevant tasks, utilizing a POWER Course (POW/PAR Course). SRT includes an easy method to measure the Baseline Efficiency Metrics of each employee. SRT also sets the stage for Phase III (POWER Coaching). The Implementation Guide includes everything an Instructor needs to deliver SRT. Instructors utilize a SRT Observation Worksheet. Employees receive an SRT Communication & Score Card that includes the specific areas where Key POWER Goals have been met, as well as where improvements are needed in order to increase human efficiency and prevent costly and painful injuries. Begin with the SRT Implementation Set for 15 employees, then order additional Worksheets and Communication Cards Sets, as needed.

The POWER Program™

Precision Development Training (PDT) - POWER Phase III - Module Eight



**Precision
Development
Training**

"POWER Coaching"

Module 8 Training Guide

Managers, Supervisors, POWER Coaches & Injury Prevention Champions

**POWER Program™
Training Sign-In Sheet**

PRECISION DEVELOPMENT TRAINING (PDT) & COACHING LOG
Ergonomics and Musculoskeletal Disorder (MSD) Injury & Illness Prevention

Co. Name: _____ Group/Location: _____ Date: ____/____/____
Instructor: _____ Training & Coaching Duration: _____ Minutes Each

Disclaimers: Please Read

Disclaimer: This training is a practical session. If you currently have an injury, are in pain, pregnant, or are under the treatment of a health care provider for a specific injury (please write down date and any activity which may trigger your condition or cause any pain), at a minimum, observe your coworkers during skills sessions so that you may learn the concepts and apply them as soon as you are able.

While warming up, stretching, or performing the practical or obstacle course portion of training, if you notice any pain, discomfort, or other symptoms, please discontinue the activity and immediately notify your instructor and supervisor.

All materials and content, both electronic, written and otherwise contained in The POWER Program are confidential and are the property of Accurate Ergonomics, LLC. Copyright and training laws are hereby acknowledged. No distribution or use may be beyond their intended individual use. By signing this page you hereby agree to the terms and conditions as set forth above.

Print Name: _____ Sign Name: _____ Job/Department: _____

Instructor Signature: _____ Date: ____/____/____
Optional: If using the POWER Metrics Tracking Database, Excel or other tracking program.
(Estimated POWER Metrics Tracking Database on: ____/____/____ by: _____)
(Entered in Excel or Other Database on: ____/____/____ by: _____)

©2018 Accurate Ergonomics, LLC PDT *** Retain this form for your records ***

POWER Precision Development Training Guide - Module 8 (DIABPDT1)

PDT Sign-In Sheet and Coaching Log (DIABPDT2)

PDT - POWER Posture Observation & Communication Worksheet "HK"

Co. Name: _____ Employee Name: _____ Dept.: _____ Date: ____/____/____
Location: _____ Task / Job Description: _____ Present Coach: _____

Positive Reinforcement Leads to Meaningful Behavioral Change: 1. Transfer the Work to Steps (PDT with On/Off) Sign Buttons and Specific Individual Suggestions from SRT Worksheet HK to PDT Worksheet HK. 2. Observe employee perform a task. 3. Make observations on their work. 4. Check the "POWER" Step box when observed, or fill in the "Work to Do" box. 5. Work on the "Work to Do" box. 6. As the employee is working with each of the suggestions, I learned from the "Work to Do" box. 7. Make additional suggestions by filling in boxes. 8. In the "POWER" suggestions, I noted that the work was done. 9. Complete the "POWER" Communication Card "HK" for a check or fix in the appropriate POW and Work On boxes. 10. Highlight the Work On Steps and your Specific POWER suggestions. 11. Special Focus Items on the front and back of the card. 12. Give employee hand card to learn, explain what you observed and provide coaching on why and how they may improve. 13. Instead employee over the next few days to a check of each "POWER Suggestion Box" where they are currently a success (S). 14. Check off all highlighted suggestions. 15. Special Focus Items as well as coaching on why and how they may improve. 16. Complete bottom of observation. Add a Star if you are a communication champion.

POWER STEPS	POW	Work On	POWER STEPS	POW	Work On
Lowest Feet Closed	<input type="checkbox"/>	<input type="checkbox"/>	Head Up/Level	<input type="checkbox"/>	<input type="checkbox"/>
Feet Apart (Shoulder Width)	<input type="checkbox"/>	<input type="checkbox"/>	Exhale On Exertion	<input type="checkbox"/>	<input type="checkbox"/>
Knees Bent	<input type="checkbox"/>	<input type="checkbox"/>	Lowest Hips Closed	<input type="checkbox"/>	<input type="checkbox"/>
Back Straight	<input type="checkbox"/>	<input type="checkbox"/>	Step Pivot Turn (No Twist)	<input type="checkbox"/>	<input type="checkbox"/>
None Between The Toes	<input type="checkbox"/>	<input type="checkbox"/>	Lowest To The End	<input type="checkbox"/>	<input type="checkbox"/>

POWER SUGGESTIONS: OBSERVE & OBSERVE

□ Step 7-8 Hours □ Sleep 7-8 Hours □ Sleep With a Pillow Under/Between Knees □ Drink Water Often □ Eat Nutritious Snacks □ Don't Drink Less Caffeine □ Eat Less Sugar & Salt □ Prepare Body Before Tools □ Exercise Your Core Muscles (SEE BACK) □ Do Not Bend Forward at Waist □ Remove Weight from Back Pocket □ Eat Protein From Shoulder → More On Back

THANK YOU FOR YOUR EFFORT! STAR POWER! ★★★★★
Your Current Score = _____

PDT POWER Posture Communication Card "HK"

Co. Name: _____ Employee Name: _____ Dept.: _____ Date: ____/____/____
Location: _____ Task / Job Description: _____ Present Coach: _____

In order to prevent a future injury and to ensure that you are using your body in the most efficient and productive manner possible for your own health and safety, it is critical that you adhere to a complete POWER Program. Changing your posture and habits will require you to pay special attention to the items below. A checkmark in a "POW Box" (S) indicates that you have achieved that step. A "Work On Box" (M) indicates a step which needs improvement.

POWER Posture Steps	POW	Work On	POWER Posture Steps	POW	Work On
Lowest Hips Closed	<input type="checkbox"/>	<input type="checkbox"/>	Keep Your Head Up/Level	<input type="checkbox"/>	<input type="checkbox"/>
Straighten Your Feet Apart	<input type="checkbox"/>	<input type="checkbox"/>	Exhale On Exertion	<input type="checkbox"/>	<input type="checkbox"/>
Bend Your Knees	<input type="checkbox"/>	<input type="checkbox"/>	Lowest Hips Closed	<input type="checkbox"/>	<input type="checkbox"/>
Straighten Your Back	<input type="checkbox"/>	<input type="checkbox"/>	Do Not Twist (Step Pivot)	<input type="checkbox"/>	<input type="checkbox"/>
None Between The Toes	<input type="checkbox"/>	<input type="checkbox"/>	Hold POW Until Finished	<input type="checkbox"/>	<input type="checkbox"/>

Place a Checkmark (S) in Each Box Below and on the Back of this Card as You Achieve Each POWER Goal!

□ Sleep 7-8 Hours □ Sleep With a Pillow Under/Between Knees □ Drink Water Often □ Eat Nutritious Snacks □ Don't Drink Less Caffeine □ Eat Less Sugar & Salt □ Prepare Body Before Tools □ Exercise Your Core Muscles (SEE BACK) □ Do Not Bend Forward at Waist □ Remove Weight from Back Pocket □ Eat Protein From Shoulder → More On Back

THANK YOU FOR YOUR EFFORT! STAR POWER! ★★★★★
Your Current Score = _____

PDT Implementation Set

(Initial/Starter Package)

Package Includes:

- 4 Sign-In Sheets
- 1 Implementation Guide
- 30 Observation Worksheets
- 30 Communication Cards

PDT Observer Worksheets and Communication Card Sets (Score Cards)

(DIABPDT0-GI) / (DIABPDT0-MH)

See Phase III Order Sheet for Available Industry or Job Specific Sets

Precision Development Training (POWER Coaching) is Phase III of the POWER Program.

Post completion of Phase II of POWER Training, begin the process of continuous improvement POWER Coaching development, prevention-based skills and behaviors of each employee. SRT established baseline measurements for each employee, and employees have had some time to practice and improve their skills. Supervisors and POWER Coaches observe employees on a routine basis, while normal work is performed. During these brief coaching sessions, POWER Coaches observe employees on a routine basis, while normal work is performed. The Implementation Guide includes everything a POWER Coach needs to engage in the process and create positive, sustainable behavioral change. Employees receive a new Score and Communication Card that includes and/or updates the specific areas where Key POWER Goals and POWER Posture Skills have been met as well as where improvements are still needed to increase human efficiency scores and prevent injuries. Begin with the PDT Implementation Set, then add Worksheet and Communication Cards Sets, as needed.

The POWER Program™

Reminder Poster Data Sheet (DIABSM7)

Plan & Prepare SMART Cards (SMART1)

PowerHouse Food SMART Cards (SMART2)

Health SMART Cards (SMART3)

Lift SMART Cards (SMART4)

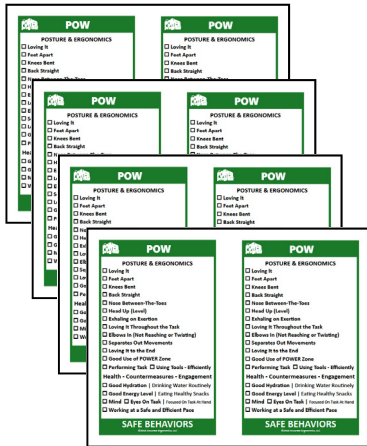
Task SMART Cards (SMART5)

Task SMART / Lift SMART Cards (SMART6)

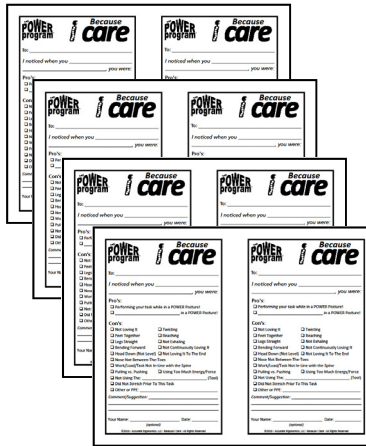
Desk SMART Cards (SMART7)

POW & FORM Cards - General Health & Safety Cards (SMART8)

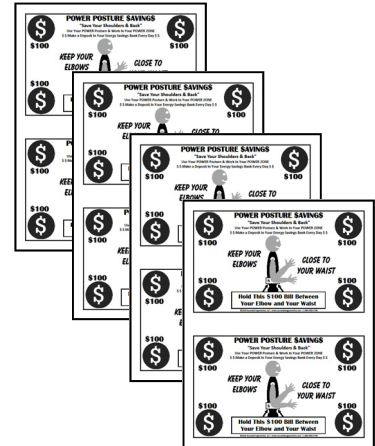
The POWER Program™



POW & FORM - Posture and Ergonomics Cards (SMART9)



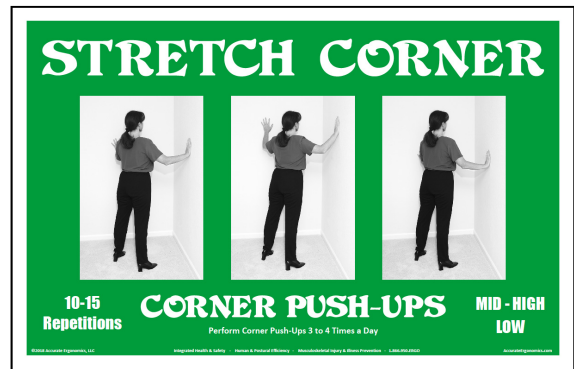
Because i Care Cards (SMART10)



Elbows-In Cards (SMART11)



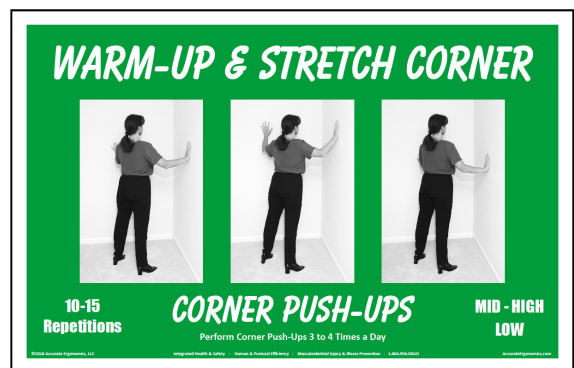
SAFE Stretch Routine Posters (POSTER 50 - 24X36 / POSTER 51 - 11x17)



Stretch Corner - Corner Push-Ups Poster (11x17) (POSTER 52)



Warm-Up & SAFE Stretch Routine Posters (POSTER 60 - 24X36 / POSTER 61 - 11x17)



Warm-Up & Stretch Corner - Corner Push-Ups Poster (11x17) (POSTER 62)

The POWER Program™

Warm-Up & SAFE Stretch Program

For All Occupations

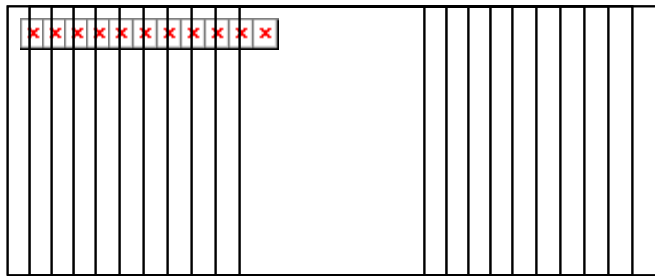
Complete Package - #SSP-MMH1



1 - 24" x 36" Laminated Wall Poster



4 - 11" x 17" Laminated Wall Posters



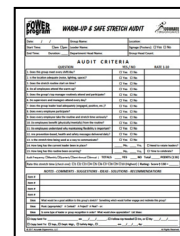
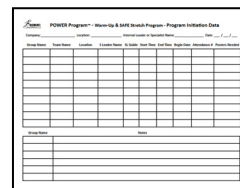
10 - SAFE Stretch Guides



2 - Laminated SAFE Stretch Leader Guides



10 - Laminated SAFE Stretch Pocket Cards



Program Initiation & Audit Forms

Additional Materials Available in Sets: 10 Stretch Guides & 10 Pocket Cards - Add \$195.00

The POWER Program™

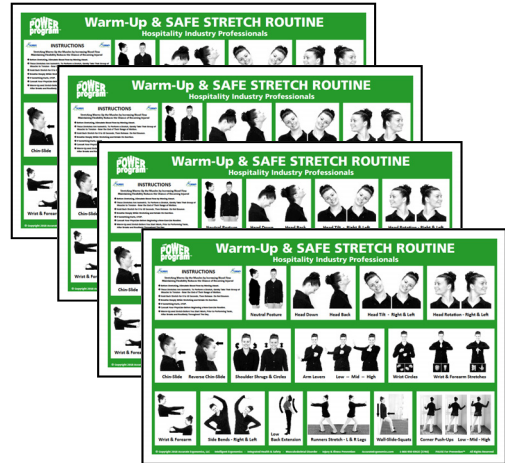
Warm-Up & SAFE Stretch Program

For Hospitality Industry Professionals

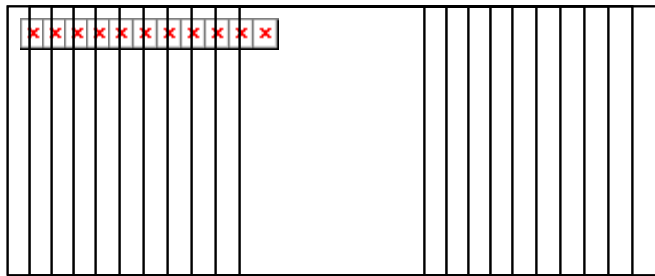
Complete Package - #SSP-HIP1



1 - 24" x 36" Laminated Wall Poster



4 - 11" x 17" Laminated Wall Posters



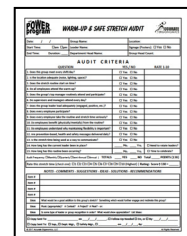
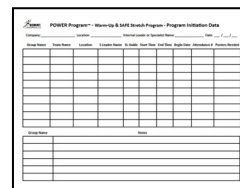
10 - SAFE Stretch Guides



2 - Laminated SAFE Stretch Leader Guides



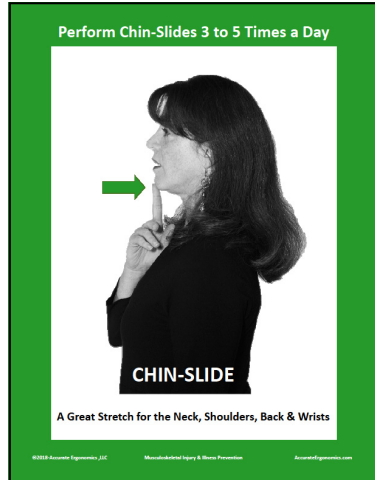
10 - Laminated SAFE Stretch Pocket Cards
English Only



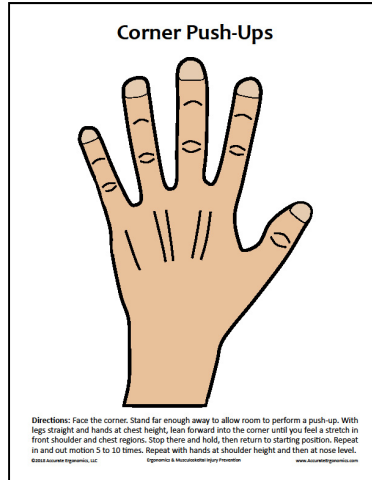
Program Initiation & Audit Forms

Additional Materials Available in Sets: 10 Stretch Guides & 10 Pocket Cards - Add \$195.00

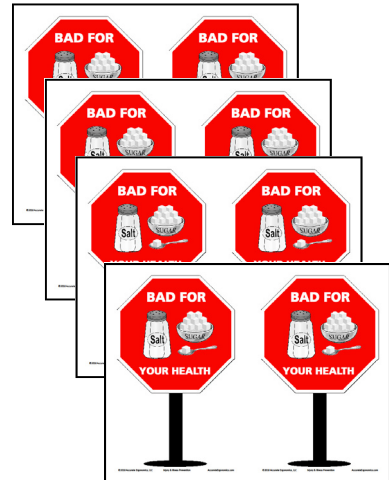
The POWER Program™



Chin-Slide Poster (8x11)
(POSTER63)



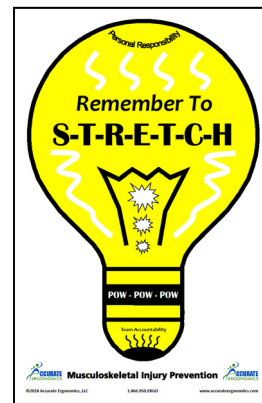
Hand Graphics for Corner
Push-Ups Poster (L&R) (POSTER64)



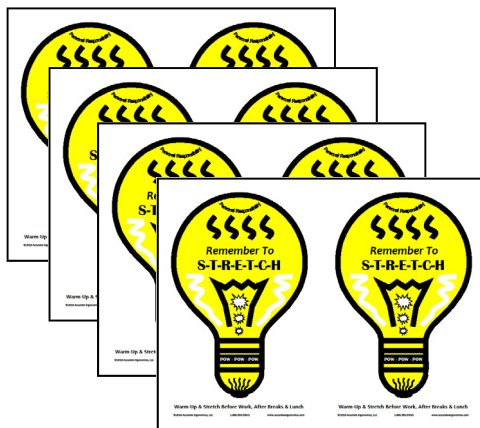
Say No to Salt & Sugar Posters
(2ea. 5x7) (POSTER 70)



Switch to Decaf
(8x11) (POSTER 71)



Stretch Corner - Corner Push-Ups
Poster (POSTER 52)



Remember to Stretch Light Bulb Posters
(2ea. 5x8) (POSTER 81)

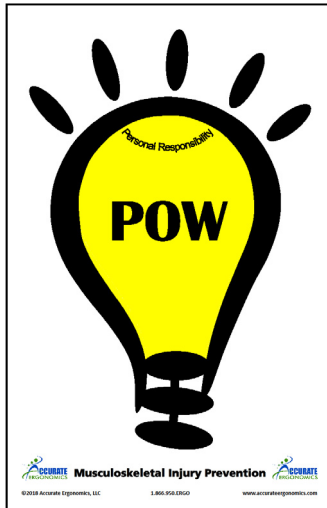


Time to Stretch Poster (11x17 w/Bug)
(POSTER 82)

The POWER Program™



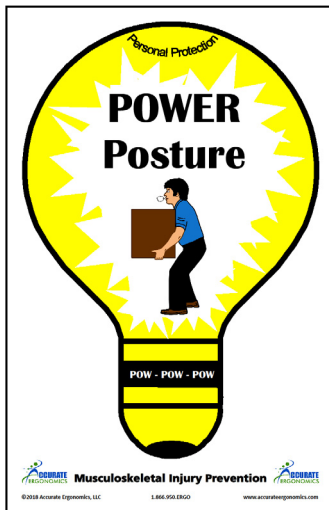
Stretch Often Light Bulb Poster (11x17) (POSTER83)



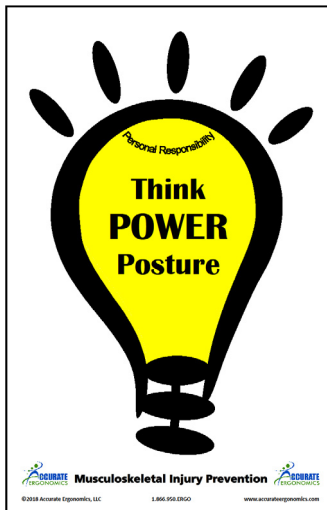
POW Light Bulb Reminder Poster (11x17) (POSTER90)



Protect Your Spine Light Bulb Posters (POSTER 91)



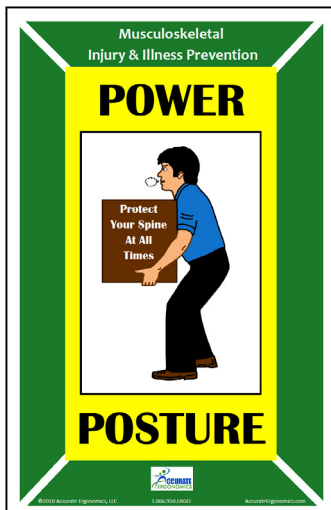
POWER Posture Light Bulb Poster (11x17) (POSTER92)



Think POWER Posture Light Bulb Poster (11x17) (POSTER93)



POWER Posture Poster / Green White (11x17) (POSTER94)



POWER Posture Poster / Green Yellow (11x17) (POSTER95)



PAUSE For Prevention Light Bulb Poster (11x17) (POSTER100)



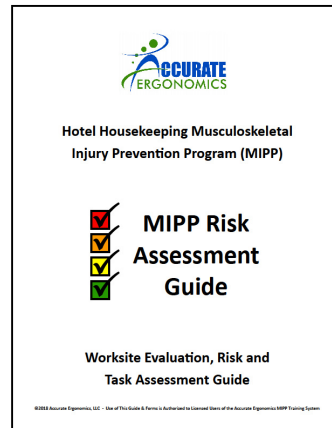
Hydrate With Water Bank Poster (11x17) (POSTER101)

The POWER Program™

Additional Program Files / General & MIPP



POWER Training Tracker Master
Worksheet Set
(Excel File) (DIAB - 01)



MIPP Worksite Evaluation & Risk
Assessment Guide
(DIAB - 02)



MIPP Risk Assessment Master
Worksheet Set (HK-HP)
(Excel File) (DIAB - 03)



MIPP Master Risk Assessment
Forms (HK-HP) (Excel File)
(DIAB - 04)



MIPP Control Measure Checklist &
Action Step Tracker
(Excel File) (DIAB - 05)

The POWER Program™

New Additions

We Want Your Input.

At this time, we evaluate risk every year and would appreciate your valuable input. Please respond to the questions below. 1) List any task that you believe should be evaluated. 2) Describe the challenge or risk. 3) List the body part or parts at risk of injury (Back, Shoulder, Wrist, Knee, etc.). 4) Provide any suggestions that you believe could reduce the risk of injury, such as a new or different tool, a change in process, additional training or coaching, or other risk control measure. 5) When finished return this form to your Supervisor or Manager. There is additional space on the back of this form. **Thank You for Your Input!**

Task 1: _____
Challenge (Risk): _____
Body Part/s at Risk of Injury: _____
Suggestions: _____

Task 2: _____
Challenge (Risk): _____
Body Part/s at Risk of Injury: _____
Suggestions: _____

Employee Name (Optional): _____ Job Title: _____ Date: ____/____/____
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At this time, we evaluate risk every year and would appreciate your valuable input. Please respond to the questions below. 1) List any task that you believe should be evaluated. 2) Describe the challenge or risk. 3) List the body part or parts at risk of injury (Back, Shoulder, Wrist, Knee, etc.). 4) Provide any suggestions that you believe could reduce the risk of injury, such as a new or different tool, a change in process, additional training or coaching, or other risk control measure. 5) When finished return this form to your Supervisor or Manager. There is additional space on the back of this form. **Thank You for Your Input!**

Task 1: _____
Challenge (Risk): _____
Body Part/s at Risk of Injury: _____
Suggestions: _____

Task 2: _____
Challenge (Risk): _____
Body Part/s at Risk of Injury: _____
Suggestions: _____

Employee Name (Optional): _____ Job Title: _____ Date: ____/____/____
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We Want Your Input (DIABSM8)

Utilize these Cards to Gain
Input from Employees during
Worksite Evaluations
(Risk Assessments) and
Annual Reevaluations

Refer to the Power Implementation & Instructor guide for information about each deliverable. Utilize this form to finalize and organize which materials an Instructor will include in initial Power Training (X), and to determine when additional materials need to be ordered. Use a separate "Order Form" to place an order (See Bottom of Page 20). Pages 16-20 contain lists of additional deliverables and posters, plus a POWER Training Tracker File and additional Risk Assessment & Reporting Tools (Files). All Deliverables are Copyright Protected.

Document ID & Description (Most items are available in sets as listed below: (2/10/30))	Included in Doc-in-a-Box™ DIY Programs	Include in Training (X)	Number to Order English	Number to Order Spanish
DIAB0-G - Training Implementation & Instructor Guide (General Industry)	X or Below			
DIAB0-M - Training Implementation & Instructor Guide (MIPP Hospitality)	X			
DIAB1 - Training Sign-In Sheet (2)	X	X		
DIAB2 - Pre-Training Memory Maker Quiz (15)	Optional			
DIAB3 - Pre Training Memory Maker Quiz <u>with</u> Answer Key (15)	Optional			
DIAB4 - Training Needs Assessment & Comfort Survey (15) (3 Pages)	Optional			
DIAB4a - My Comfort Survey (Page 2 of the 3 Page Survey) (15)	Optional			
DIAB5 - Training Manual - Owners Manual for the Spine (15)	Optional			
DIAB6 - Training Course Workbook-(Includes #DIAB7, 8, 9 & 11) (15)	Optional			
DIAB7 - Module 1 & 2 Checklist (Included in Workbook) (15)	X	X		
DIAB8 - POWER Posture, Warm-Up & SAFE Stretch Instructions (15)	X	X		
DIAB9 - CORE Exercise Routine (Included in Workbook) (15)	X	X		
DIAB10 - 10-POW Folding Pocket Card (30)	X	X		
DIAB11 - Personal Summary & Action Plan Checklist (In Workbook) (15)	X	X		
DIAB12 - Post-Training Memory Maker Quiz (15)	Optional			
DIAB13 - Post-Training Memory Maker Quiz <u>with</u> Answer Key (15)	Optional			
DIAB14 - Post-Training Test - Test Your Knowledge (Test Only) (15)	Optional			
DIAB15 - Post-Training-Test Your Knowledge - (Test/Answer Key Set) (15)	Optional			
DIAB16 - Post-Training-Test Your Knowledge - (Answer Key Only) (15)	Optional			
DIAB17 - The 90 Day Power Challenge - Sign-On Sheet (2)	Optional			
DIAB18 - The 90 Day Power Challenge - Participant Checklist (15)	Optional			
DIAB19 - Course Evaluation & Instructor Rating (15)	X			
DIAB20 - Warm-Up & SAFE Stretch Routine Pocket Card (30)	Optional			
DIABSM1 - Warm-Up & SAFE Stretch Program Initiation Data Sheet (2)	X			
DIABSM2 - Warm-Up & SAFE Stretch Leader's Guide (2)	X			
DIABSM3 - SAFE Stretch Audit Form (2)	X			
DIABSM4 - Ergonomics & MSD Prevention Suggestion Cards (20)	Optional			
DAIBSM5 - Non-Injury Near Miss Report Cards (20)	Optional			
DIABSM6 - Early Reporting of Symptoms Cards (20)	X	X		
DIABSM7 - Reminder Poster Data Sheet (2)	X			
DIABSM8 - We Want Your Input (20)	Optional			

Below are POWER Program deliverables to utilize during Phase II of POWER Training (Skills Reinforcement Training). Refer to the Skills Reinforcement Training Implementation & Instructor Guide for more information and to learn more about each phase of training. These materials are designed to reinforce lessons and skills learned during POWER Training, with emphasis on Module 5 (The POWER Posture), to motivate continuous improvement and achieve sustainable behavioral change. Utilize this form to determine which materials to include or order. Use an “Order Form” to place an order (See Page 20). Pages 17-20 contain additional deliverables, support materials and posters, plus a POWER Training Tracker File, additional Risk Assessment and Reporting Tools.

<p align="center">Document ID & Description (Most items are available in sets as listed below: (20)</p>	<p align="center">Number to Order English</p>	<p align="center">Number to Order Spanish</p>
DIABSRT1-GI: Skills Reinforcement Training Implementation & Instructor Guide (GI) (General Industry)		
DIABSRT1-MH: Skills Reinforcement Training Implementation & Instructor Guide (MH) (MIPP Hospitality)		
DIABSRT2: Skills Reinforcement (SRT) Sign-In Sheets (5)		
DIABSRT3: SRT POWER Course One Set Up Image (2) (Included in Implementation Guide)		
DIABSRT4: SRT POWER Course One Performance Map Image (2) (Included in Implementation Guide)		
DIABSRT5: SRT POWER Course One Observation Worksheet (Populated) (15)		
DIABSRT6: SRT POWER Course Two Observation Worksheet (Blank - DIY) (5)		
DIABSRT7: SRT POWER Course Two Observation Worksheet (GI) (15)		
DIABSRT8: SRT POWER Posture Communication & Score Cards (GI) (20)		
DIABSRT9: SRT POWER Posture Observation & Communication Worksheet (MH) (MIPP Hospitality) (15)		
DIABSRT10: SRT POWER Posture Communication & Score Card (MH) (MIPP Hospitality) (15)		
DIABSRT11: SRT POWER Course Judge Flash Cards		

Below are POWER Program deliverables to use during Phase III of POWER Training (Precision Development Training and POWER Coaching). Refer to the Power Implementation & Instructor Guide to learn more about these deliverables and Phase III. These materials are designed to refresh and reinforce lessons and skills learned during POWER Training Modules 1-5 and Module 7, and are utilized to motivate continuous improvement and achieve sustainable behavioral change in multiple areas. Utilize this form to determine which materials to include your program, over time (Quarterly, Semi-Annually, etc.). Use an "Order Form" to place an order (See Page 20). Pages 18-20 contain additional deliverables, support materials and posters, plus a POWER Training Tracker File, additional Risk Assessment and Reporting Tools.

<p align="center">Document ID & Description (Most items are available in sets as listed below: (20))</p>	<p align="center">Number to Order English</p>	<p align="center">Number to Order Spanish</p>
DIABPDT1: Precision Development (Power Coaching) Implementation & Instructor Guide		
DIABPDT2: PDT Sign-In Sheets (5)		
Precision Development Observation Worksheets & Score Cards (See Below):		
PDT-GI - General Industry (20/20) (PDT1 and/or 2 Coaching Sessions)		
PDT-GI - General Industry (20/20) (POWER Coaching Sessions)		
PDT-HKHP - Housekeepers & Housepersons (20/20) (PDT1 and/or 2 Coaching Sessions)		
PDT-HKHP - Housekeepers & Housepersons (20/20) (POWER Coaching Sessions)		
PDT-LALA - Laundry Attendants & Lobby Attendants (20/20) (PDT1 and/or 2 Coaching Sessions)		
PDT-LALA - Laundry Attendants & Lobby Attendants (20/20) (POWER Coaching Sessions)		
PDT-PE - Postural Efficiency (20/20)		
PDT-MMH - Manual Material Handlers (20/20)		
PDT-MAP - Manufacturing & Production (20/20)		
PDT-BELLUS - Bell & Uniformed Services (20/20)		
PDT-FBBQ - Food, Beverage & Banquet (20/20)		
PDT-AG - Agriculture (20/20)		
PDT-AGR - Air & Ground Rescue (20/20)		
PDT-PD - Police Officers (20/20)		
PDT-FF - Firefighters (20/20)		
PDT-WD - Warehouse & Distribution (20/20)		
PDT-BWB - Beer, Wine & Beverage Production (20/20)		
PDT-PG - Power Generation (20/20)		
PDT-TD - Truck Drivers (20/20)		
PDT-FLO - Forklift Operators (20/20)		
PDT-GSE - Grocery Store Employees (20/20)		
PDT-WAB - Wine & Beer Production (20/20)		
PDT-CST - Construction (20/20)		
PDT-PH - Patient Handling (20/20)		
PDT-WST - Water & Sewer Treatment (20/20)		
PDT-RCRS - Retail Sales & Customer Service (20)		

Below are additional POWER Program deliverables. These may be utilized to introduce new lessons, reinforce desired behaviors and motivate employees to achieve Key Power Goals. Utilize this form to determine which materials to add to your Ergonomics, Health & Safety Program, over time (Monthly, Quarterly, etc.). Use an "Order Form" to place an order (See Page 20).

<p align="center">Document ID & Description</p> <p align="center">Most items are available in sets as listed below: (20)</p>	<p align="center">Number to Order</p> <p align="center">English</p>	<p align="center">Number to Order</p> <p align="center">Spanish</p>
SMART CARDS (SEE BELOW)		
SMART1 - Plan & Prepare Cards (20)		
SMART 2 - POWERHOUSE Food SMART Cards (20)		
SMART 3 - HEALTH SMART Cards (20)		
SMART 4 - LIFT SMART Cards (20)		
SMART 5 - TASK SMART Cards (20)		
SMART 6 - TASK SMART & LIFT SMART Cards (2 Sided) (20)		
SMART 7 - DESK SMART Cards (20)		
SMART 8 - POW-FORM Cards - General Health and Safety (Color - 2 Sided) (20)		
SMART 9 - POW-FORM Cards - Posture and Ergonomics (Color 2 Sided) (20)		
SMART 10 - Because i Care - Personal Observation & Communication Cards (20)		
SMART 11 - Elbows In 100 Dollar Bills (20)		

Poster Name	Poster Description (Prices Located on Poster Order Form)	Size	# To Order
POWER Program - POSTER 50 SAFE Stretch Routine	SAFE Stretch and Flexibility Exercise Routine taught during POWER Training (Does not contain the words "Warm-Up")	24x36	
POWER Program - POSTER 51 SAFE Stretch Routine	Same poster as #50 above, in a smaller size	11x17	
POWER Program - POSTER 52 Stretch Corner - Corner Push-Ups	Remind employees to perform Corner Push-Ups. Mount these in accessible corners	11x17	
POWER Program - POSTER 60 Warm-Up & SAFE Stretch Routine	Warm-Up & SAFE Stretch and Flexibility Exercise Routine taught during POWER Training (Same as POSTER #50, with the words "Warm-Up" included in the title)	24x36	
POWER Program - POSTER 61 Warm-Up & SAFE Stretch Routine	Same as POSTER #60 above, in a smaller size	11x17	
POWER Program - POSTER 62 Warm-Up & Stretch Corner Corner Push-Ups	Remind employees to perform Corner Push-Ups (Same as POSTER #52, with the words "Warm-Up" added). Mount in accessible corners	11x17	
POWER Program - POSTER 63 Chin-Slide	Remind employees to perform Chin-Slides through the day	8.5x11	
POWER Program - POSTER 64 Hand Graphics for Corner Push-Ups	Remind employees to perform Corner Push-Ups throughout the day. Mount these in accessible corners (2 per set)	8.5x11	
POWER Program - POSTER 70 Say No to Salt and Sugar	Remind employees to limit their intake. Mount these on walls next to tables and condiments in lunch rooms and break areas (2 per set)	5x8	
POWER Program - POSTER 71 Switch to Decaf	Mount above or around coffee makers where decaffeinated coffee is, or may become an option as a result of training Module One	8.5x11	
POWER Program - POSTER 80 Remember to Stretch Light Bulb	Remind employees to Stretch	11x17	
POWER Program - POSTER 81 Remember to Stretch Light Bulb	Same as POSTER #80 above, in a smaller size. Mount these next to timeclocks and where space is limited	5x8	
POWER Program - POSTER 82 Time To Stretch Light Bulb w/Bug	Remind employees to Stretch	11x17	
POWER Program - POSTER 83 Stretch Often Light Bulb	Remind employees to Stretch	11x17	
POWER Program - POSTER 90 POW Light Bulb Reminder	Remind employees of the POW (POWER Posture)	11x17	
POWER Program - POSTER 91 Protect Your Spine At All Times Light Bulb	Remind employees to protect their spine, at all times	11x17	
POWER Program - POSTER 92 POWER Posture in Light Bulb	Remind employees to think about their posture	11x17	
POWER Program - POSTER 93 Think POWER Posture Light Bulb	Remind employees to think about their posture	11x17	
POWER Program - POSTER 94 POWER Posture (Green & White)	Remind employees what the POWER Posture looks like	11x17	
POWER Program - POSTER 100 PAUSE For Prevention Light Bulb	Remind employees to PAUSE For Prevention	11x17	

Poster Name	Poster Description (<i>Prices Located on Separate Order Form</i>)	Size	# To Order
Warm-Up & SAFE Stretch Package - SSP-MMH1	POWER Program - Manual Material Handling	See Page 6	
Warm-Up & SAFE Stretch Package - SP-HIP1	POWER Program - Hospitality Industry Professionals	See Page 7	
Additional SAFE Stretch Employee Deliverables	Sets of 10	See Pages 6 & 7	
Document / File Name	Description (<i>Prices Located on a Separate Phase I Order Form</i>)		# To Order
DIAB - 01: POWER Training Tracker Master Worksheet Set (MS Excel)	Track Training Attendance, Quiz, Survey and Test Results, Plus Track and Report Metrics on Behavioral Change (Efficiency Improvements) throughout each Phase of POWER Training		
DIAB - 02: MIPP Risk Assessment Guide	Step-by-Step Guide on How to Perform a Risk Assessment: Overview of Regulation, Types of Risk, List of Tasks and More		
DIAB - 03: MIPP Risk Assessment Master Worksheet Set (HK-HP) (MS Excel File)	Hotel Housekeeping - MIPP Excel Worksheet Set: Track Tools and Maintenance, Create Step-by-Step Cleaning Processes, Assign Risk Level Ratings to Each Task and Communicate Risk to Housekeeping Department Employees		
DIAB - 04: MIPP Master Risk Assessment Forms (HK-HP) (MS Excel File)	Hotel Housekeeping - MIPP Excel Worksheet Set: Comprehensive Risk Assessment Forms and Report Template for Housekeepers, Housepersons, Laundry, Lobby Attendants and Room Inspectors		
DIAB - 05: Control Measure & Action Step Tracker (MS Excel File)	List Control Measures, Assign Responsibility, Track Progress and Completion		



Instructions for Ordering Deliverables

1. Go to www.AccurateErgonomics.com. Click on “Login” and enter your user email and password.
2. Click on “Order” in the navigation bar and scroll down to find order form links.
3. Click on the appropriate link, print and complete the order form.
4. Order Forms include instructions, prices, shipping and billing information.
5. You may also call in your order to: 1-866-950-3746 (ERGO).

Team Accurate is available by email and phone to assist you in any way possible.

info@AccurateErgonomics.com