

Cheese Maker Self-Assessment Tool for Occupational Health, Safety and Ergonomics

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The purpose of this Self-Assessment Tool (Tool) is to help you assess your work in and around your cheese making/milk processing facility. Making cheese involves several physical tasks. You use your eyes, nose, hands, arms, elbows, neck, shoulders, legs, feet, knees, back, and other body parts in accomplishing numerous tasks before, during, and after cheese making. In addition, you often work in uncomfortable conditions that may be cold, hot, wet, or humid. These tasks may be performed once or twice a day for several consecutive days, or over a period of weeks and months. With this type of repetitive physical work, your body is bound to encounter wear and tear.

Your facility's design can impact your production and cause physical strain on your body. This Tool was developed to help you assess your physical

movement during the various steps of the cheese making process including milking, moving milk, cleaning facilities and equipment, moving supplies, processing milk, moving cheese, packaging cheese, labeling, storing cheese and selling cheese. We hope this Tool will provide you with insight and the ability to evaluate production methods and improve facility design.

This Tool can be completed on your own (as an individual cheese-maker) or with a co-worker, spouse, or partner who is familiar with the cheese making process and knows your strengths and weaknesses. It is estimated that this self-assessment might take 30 to 60 minutes to complete. You are encouraged to select a time when you are fresh, rested and can think clearly to complete the assessment.

The last section of this Tool has additional questions that may help you identify changes to your facilities, processes or methods you use to make, handle, and sell cheese so that you can continue to successfully make cheese, maintain your health, and work safely.

Please respond to only those questions that apply to you and your cheese-making operation. You are encouraged to take notes while completing the Tool. There is space for notes on this form.



Ask yourself the following questions.

Consider involving key workers and/or family members to address these questions.

Setting Up for Milking

1. Do I have trouble, or am I challenged when setting up for milking? Yes___ No___ Maybe ___
 - a. If so, what can make setting up more manageable? Consider moving milking equipment, animal sorting, animal handling, animal feeding, animal preparation, etc.

Milking (extracting milk from the dairy animal)

2. Do I have trouble, or am I challenged when extracting milk from the dairy animals?
 - a. If extracting milk is challenging or difficult, what might be changed to improve the situation?
Consider the facility, workspace, environment (light and temperature), animal size, animal disposition, equipment, machinery, etc. Yes___ No___ Maybe ___
3. When milking, is my body in a position(s) that is pain-free?
 - a. If not, what might be changed to improve the situation? *Consider space, temperature, light, seating, your body position, animal body position, etc.* Yes___ No___ Maybe ___
 - b. Do I feel stressed when milking the dairy animals? Yes___ No___ Maybe ___
 - c. If so, what causes me to be stressed? What might be changed to improve the situation?
4. Am I typically comfortable when milking the dairy animals? Yes___ No___ Maybe ___
 - a. If not, what might be changed to improve the situation?
Consider temperature, humidity, lighting, clothing, footwear, etc.

Moving and Handling Milk

5. Do I have trouble transferring milk from the milking container to the cooler? Yes___ No___ Maybe ___
 - a. If so, what might be changed to improve the situation?
Consider how often and how much I lift, if a pump would help, rails, cart, dolly, bucket types/sizes, unit, comfortable bucket handles, balanced loads, distance, straining milk, etc.

Moving and Handling Supplies

6. Are my supplies well organized and kept in a convenient location? Yes___ No___ Maybe ___
 - a. If not, what might be changed to improve the situation?
Consider how much I walk, climb, stretch, reach above my shoulders, bend, lift or twist to obtain, move or handle supplies.
7. Is it difficult for me to reach supplies? Yes___ No___ Maybe ___
 - a. If so, what might be changed to improve the situation?
Consider door types, shelf types, number, height and width of shelves, steps, grabbers, etc.

Cleaning Facilities

8. How difficult is the task of cleaning the facility (floors, mats, walls, and ceiling)? Easy___ Moderate ___ Difficult ___
- a. If difficult, what might be changed to improve the situation?
Consider my body position, bending, squatting, kneeling, crawling, my comfort, my footwear, my clothing, tools, stretching before work, back support, etc.
9. Is there something that can be changed to make the task of cleaning the floors, mats, walls, and ceiling more efficient or more effective? Yes___ No___ Maybe ___
- a. What steps might be taken to make cleaning the floors, walls and ceiling more effective and efficient?
Consider lighting, wall and/or ceiling material, flooring material, water pressure, hose or nozzle type, tools, clothing, apron, footwear, drainage, etc.

Cleaning Equipment

10. How difficult is the task of cleaning equipment (tools, vats, containers, stands, hoses, teat cups, etc.)? Easy___ Moderate ___ Difficult ___
- Consider stretching, reaching, squatting, kneeling, scrubbing, tools, equipment condition, equipment type, automation, time requirements etc.*
11. After cleaning the equipment, how exhausted am I? Not ___ Somewhat ___ Very___
- a. What steps might be taken to make cleaning equipment more effective or more efficient?

Making Cheese

12. When making cheese, are there tasks or actions that are physically challenging or difficult for me to accomplish? Yes___ No___ Sometimes ___
- a. What are the tasks or actions that I find physically challenging or difficult? *Consider stirring, cutting, lifting, scooping, straining, cooking, placing, draining, molding, pressing, etc.*
- b. What is it that makes specific tasks or actions challenging?
- c. What is it that causes pain or stress on my body/mind?

Handling, Storing and Selling Cheese (from forming to finished)

13. When handling and storing cheese are there tasks that are physically challenging or difficult for me to accomplish? Yes___ No___ Sometimes ___
- a. What are the specific tasks that are physically challenging or difficult for me to accomplish? *Consider lifting, packaging, labeling, loading vehicles, moving, carting, automation, etc.*
14. What might be changed to reduce or eliminate this difficulty in handling or storing the cheese? Be specific (if known).

15. When selling cheese are there tasks that are physically challenging or difficult for me for me to accomplish?

16. What aspects of selling cheese do I find challenging or physically difficult? *Consider organization, people skills, money management, scheduling, etc.*

17. What steps might be taken to reduce or eliminate this difficulty? Be specific (if known).

My Health in General

18. Am I often in pain? If so, what parts of my body typically hurt?

19. Do my feet typically hurt before, during, or after working? Yes___ No___ Sometimes ___

20. Does my back typically hurt before, during, or after working? Yes___ No___ Sometimes ___

21. How often do I feel exhausted (unable to safely and properly perform another task)?

Never___ Rarely___ Every once in a while___ Daily___ Constantly___

22. Are you in pain after specific tasks? What are the tasks?

23. How often do I feel stressed? *Consider all aspects of your normal daily routine as well as seasonal differences in your work or life. Signs of stress may include irritability, low energy, headaches, chest pains, excessive worry, illness, unable to sleep, crying, screaming, etc.* Every day___ Several times a day___ A few times a week___

24. What causes me to feel stressed?

25. When was the last time I had a physical exam by my healthcare provider?

26. Am I the proper weight for my gender, height and age?

27. Do I take proper care of myself? *Consider nutrition, sleep, rest, time away from work, prescribed medications, substance abuse, etc.*

28. Am I satisfied with my quality of life? Yes___ No___ Sometimes ___

29. Do I have a support system in place?

Yes___ No___ Sometimes ___

A support system might include one or more individuals who are employees, friends, neighbors, family members, fellow cheese makers, professionals, etc. who can provide assistance when needed.

a. Is my support system normally available to me in every season of the year?

Now that you've answered these questions, review your answers.

- Are there ways to be better prepared? Yes___ No___
- Are there tasks that can be automated? Yes___ No___
- Are there steps that can be eliminated? Yes___ No___
- Are there specific tasks that I could delegate to others? Yes___ No___

Maine AgrAbility provides education, assistance and support to farmers with disabilities engaged in production agriculture. Based on your responses, if you would like to discuss specific recommendations with Maine AgrAbility or have an OT review your work area, observe your performance, or discuss ways to help you work more efficiently, reducing stress or pain, please contact the Maine AgrAbility Coordinator at 207-944-1533 or 1-800-287-1471, maine.agrability@maine.edu, or <https://extension.umaine.edu/agrability/>.

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Notes: Use the space below for items or actions that ought to be addressed or need a follow-up.



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