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| **Hand Tool Design and Selection Checklist** |

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| **Company:** | Click or tap here to enter text. | **Workstation Name:** | Click or tap here to enter text. |
| **Prepared by:** | Click or tap here to enter text. | **Department:** | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. | **Document Number:** | Click or tap here to enter text. |

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| **“NO” answer indicates need for additional investigation.** | |
| **Tool Selection** | |
| * Tools selected to limit or minimize: | |
| * Exposure to excessive vibration. | Select YES or NO. |
| * Use of excessive force. | Select YES or NO. |
| * Bending or twisting wrist. | Select YES or NO. |
| * Finger pinch grip. | Select YES or NO. |
| * Problems associated with trigger finger (prolonged flexion with forceful exertion). | Select YES or NO. |
| * Tools powered where necessary and feasible. | Select YES or NO. |
| * Tools evenly balanced in the hand during use. | Select YES or NO. |
| * Heavy tools suspended or counterbalanced to facilitate use. | Select YES or NO. |
| * Tool allows adequate visibility of work. | Select YES or NO. |
| **Tool Handle** | |
| * Tool grip/handle prevents slipping during use. | Select YES or NO. |
| * Equipped with handles of textured, non-conductive material. | Select YES or NO. |
| * Different handle sizes available to fit a wide range of hand sizes. | Select YES or NO. |
| * Handle designed to NOT dig into palm of hand. | Select YES or NO. |
| * Tool used safely with gloves. | Select YES or NO. |
| * Tool used by either hand. | Select YES or NO. |
| * Preventive maintenance program to keep tools operating as designed. | Select YES or NO. |
| **Employees Training** | |
| * Proper use of tools. | Select YES or NO. |
| * When and how to report problems with tools. | Select YES or NO. |
| * Proper tool maintenance. | Select YES or NO. |