|  |
| --- |
| **Manual Material Handling Checklist** |

|  |  |  |  |
| --- | --- | --- | --- |
| **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. |

|  |
| --- |
| **“NO” answer indicates need for additional investigation.** |
| * Weights of loads to be lifted judged acceptable by the workforce.
 | Select YES or NO. |
| * Materials moved over minimum distances.
 | Select YES or NO. |
| * + - * Distance between the object load and the body minimized.
 | Select YES or NO. |
| * Walking surfaces:
* Level
* Wide enough
* Clean and dry
 | Select YES or NO. |
| * Objects:
* Easy to grasp
* Stable
* Able to be held without slipping
 | Select YES or NO. |
| * + - * Handholds on these objects.
 | Select YES or NO. |
| * + - * When required, gloves fit properly.
 | Select YES or NO. |
| * + - * Proper footwear worn.
 | Select YES or NO. |
| * + - * Enough room to maneuver.
 | Select YES or NO. |
| * + - * Mechanical aids used whenever possible.
 | Select YES or NO. |
| * + - * Working surfaces adjustable to the best handling heights.
 | Select YES or NO. |
| * + - * Material handling avoids:
* Movements below knuckle height and above shoulder height
* Static muscle loading
* Sudden movements during handling
* Twisting at the waist
* Extended reaching
 | Select YES or NO. |
| * + - * Help available for heavy or awkward lifts.
 | Select YES or NO. |
| * + - * High rates of repetition avoided by:
* Job rotation
* Self-pacing
* Sufficient pauses
 | Select YES or NO. |
| * Pushing or pulling forces reduced or eliminated.
 | Select YES or NO. |
| * Employee has an unobstructed view of handling the task.
 | Select YES or NO. |
| * Preventive maintenance program for manual handling equipment.
 | Select YES or NO. |
| * Workers trained in correct handling and lifting procedures.
 | Select YES or NO. |