



Hazard Checklist

Proper Lifting Techniques

Name of employee being evaluated: _____

Note: It is always best to use hierarchy of controls:

- 1) Can you avoid lifting the item(s)?
- 2) Can mechanical aid(s) (i.e. forklift, pallet jack, hand truck, etc.) be utilized?

If no, then make sure that proper lifting techniques are followed.

Please complete both pages of this checklist

Hazard		Satisfactory	Needs Attention	Not Applicable	Target Date for Completion	Date Completed
Prior to lifting the item:						
1	Did the employee <u>warm up their muscles</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Did the employee determine the weight of the load by checking for weight markings, lifting a corner or tilting the object?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Did the employee check to see if the load can be broken down into smaller parts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Did the employee ask for help with heavy or awkward loads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Did the employee look over the object and determine where and how to hold it? Note: Checked for grease, oil moisture and sharp edges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Did the employee check to see that the path of travel is clear of obstructions and possible tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Did the employee check to see if the area where the item will be set down is clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Is the employee wearing proper protective equipment (shoes, gloves, apron, etc.), if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lifting the item:						
9	Is the employee standing close to the object?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	Are the employee's feet planted firmly on the ground, shoulder width apart and one foot slightly in front of the other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11	Is the employee bending their knees while keeping their back straight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	Does the employee have a firm grip on the item with both hands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13	Is the employee looking straight ahead (instead of down at the item being lifted)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14	Is the employee lifting the load slowly and holding it close to their body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15	Is the employee lifting the load with their legs and maintaining a neutral, vertical spine, keeping the curves of the back in alignment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16	Is the employee using their feet to turn to avoid twisting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17	Is the employee lowering the load using their legs and maintaining a vertical spine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Name of evaluator

Date

Actions Taken to Correct Items Checked as "Needs Attention"

Hazard #	
Hazard #	
Hazard #	
Hazard #	
Hazard #	

I, _____ have read this evaluation and understand the course of action I need to take and complete within ____ weeks.

Employee signature _____

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