

# MANUAL MATERIAL HANDLING INSPECTION CHECKLIST

Use this form to evaluate a specific job or work task. Any item with a "no" answer indicates a potential injury risk. Reference the provided follow-up questions for solutions to mitigate the risk.

TASK NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TASK LOCATION: \_\_\_\_\_ COMPLETED BY: \_\_\_\_\_

TASK DESCRIPTION: \_\_\_\_\_

<b>Does the object being handled (lifted, moved, and/or held) weigh less than 50 pounds?</b>	
<ul style="list-style-type: none"> <li>Is there equipment that could reduce the demand on the employee?</li> <li>Can the employer change the weight of the object?</li> <li>Consider changes in both directions, reducing the weight (which could increase the repetition of lifting) or increasing the weight (ordering bulk materials instead of smaller bags).</li> </ul>	Y <input type="checkbox"/> N <input type="checkbox"/> If no, what changes need to be made?
<b>Are the employee's elbows at or near their sides when handling the object?</b>	
<ul style="list-style-type: none"> <li>Can the object be positioned to keep it closer to the employee?</li> <li>Can the employer remove barriers or reconfigure the workstation?</li> <li>Is there an opportunity to modify the size or shape of the object being handled? Or can the employer provide equipment to assist with lifting awkward objects?</li> </ul>	Y <input type="checkbox"/> N <input type="checkbox"/> If no, what changes need to be made?
<b>Can the employee pick up or put down the object without extended reaching?</b>	
<ul style="list-style-type: none"> <li>Can the employee slide the object to and from the front edge of a shelf or rack?</li> <li>Can the employee move themselves to get closer to the object?</li> </ul>	Y <input type="checkbox"/> N <input type="checkbox"/> If no, what changes need to be made?
<b>Is the object handled vertically between the employee's mid-thigh and chest height?</b>	
<ul style="list-style-type: none"> <li>Can the employer adjust the starting point and/or the ending point of the lift or movement?</li> </ul>	Y <input type="checkbox"/> N <input type="checkbox"/> If no, what changes need to be made?
<b>Can the employee use both hands/arms/shoulders equally when handling the object?</b>	
<ul style="list-style-type: none"> <li>Can the employer rearrange the work to allow for the use of both hands to grasp the object in front of the body?</li> <li>Can the employer change the packaging to allow for a two-handed grasp?</li> </ul>	Y <input type="checkbox"/> N <input type="checkbox"/> If no, what changes need to be made?
<b>Does the employee handle the object without bending or twisting at the waist?</b>	
<ul style="list-style-type: none"> <li>Can the employer change the workstation to reduce or eliminate bending or twisting?</li> <li>Can the employer increase the distance so that the employee must take a step and turn their body to face the destination with their toes pointed forward instead of twisting at the waist?</li> </ul>	Y <input type="checkbox"/> N <input type="checkbox"/> If no, what changes need to be made?
<b>Is the lifting rate less than five lifts per minute?</b>	
<ul style="list-style-type: none"> <li>Can the employer automate the process to eliminate employee lifting/handling?</li> <li>Can the employer change the production rate?</li> </ul>	Y <input type="checkbox"/> N <input type="checkbox"/> If no, what changes need to be made?

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<b>Is the total amount of time spent performing the lift less than two hours of the work shift?</b>	
<ul style="list-style-type: none"> <li>Can the employer automate the workflow to eliminate employee lifting/handling?</li> <li>Can the employer enlarge the job or rotate workers between several different jobs to reduce the amount of time spent on the lifting task?</li> </ul>	Y <input type="checkbox"/> N <input type="checkbox"/> If no, what changes need to be made?
<b>Is the object being handled easy to grasp/hold? Does it have handles or cutouts, with no sharp edges or slippery surfaces?</b>	
<ul style="list-style-type: none"> <li>Can the employer change the packaging to make the object easier to grasp?</li> </ul>	Y <input type="checkbox"/> N <input type="checkbox"/> If no, what changes need to be made?
<b>Is help available in all phases of the job for team lifts with heavy or awkward objects?</b>	
<ul style="list-style-type: none"> <li>Team lifting may not be a viable option. Refer to the first question for suggestions on how to reduce the load.</li> <li>Are there policies/procedures and training for employees on team lifting techniques?</li> </ul>	Y <input type="checkbox"/> N <input type="checkbox"/> If no, what changes need to be made?
<b>If there is sustained holding, does it last for less than one minute?</b>	
<ul style="list-style-type: none"> <li>If holding is because of a carrying demand, reference the next question for solutions.</li> <li>Are there mechanical options to hold/support the object?</li> </ul>	Y <input type="checkbox"/> N <input type="checkbox"/> If no, what changes need to be made?
<b>Is the object carried for a total distance of less than 30 feet?</b>	
<ul style="list-style-type: none"> <li>Can the employer reconfigure the work to eliminate or reduce the carrying distance?</li> <li>Can the employer use equipment to eliminate the carrying demand? For example, can a cart be used to push/pull the object instead of carrying it (if yes, reference the pushing/pulling checklist)?</li> <li>Could items be moved on a conveyor belt?</li> </ul>	Y <input type="checkbox"/> N <input type="checkbox"/> If no, what changes need to be made?
<b>Is the walking surface maintained so that it is smooth, dry, level, and clear of debris or other slip/trip hazards?</b>	
<ul style="list-style-type: none"> <li>Does the organization's housekeeping policies/procedures address slip/trip prevention?</li> <li>Are there policies or programs to ensure that employees are wearing appropriate footwear for the job?</li> <li>Is the floor surface in good condition?</li> </ul>	Y <input type="checkbox"/> N <input type="checkbox"/> If no, what changes need to be made?
<b>Can the employee clearly see the travel path when carrying an object?</b>	
<ul style="list-style-type: none"> <li>Does the object obstruct the employee's vision?</li> <li>Is lighting adequate?</li> <li>Is the travel path clearly indicated?</li> </ul>	Y <input type="checkbox"/> N <input type="checkbox"/> If no, what changes need to be made?
<b>Is the work environment free from other challenges like noise, vibration, temperature extremes, or airborne contamination?</b>	
<ul style="list-style-type: none"> <li>Address those exposures.</li> </ul>	Y <input type="checkbox"/> N <input type="checkbox"/> If no, what changes need to be made?
<b>ADDITIONAL NOTES</b>	