

Materials Handling Checklist

Date ___/___/_____

Company/Plant _____

Dept _____

Job Name _____

Task Name _____

Evaluator _____

“No” responses indicate potential problem areas that should receive further investigation.

1. Do workers perceive/judge the weights of materials to be lifted acceptable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Are materials moved over minimum distances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Is the distance between the lifted item and the body minimized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Are walking surfaces...			
- ... level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
- ... wide enough?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
- ... clean and dry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Are items/materials...			
- easy to grasp?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
- stable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
- held without slipping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Are there handholds on these items/materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. When worn, do gloves fit properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. If required, is the proper footwear worn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. Is there enough room for the worker handling the materials to maneuver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. Are mechanical aids used whenever possible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Are working surfaces adjustable to the best handling heights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12. When handling materials, do workers avoid the following:			
- movements below hip height?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
- movements above shoulder height?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
- static muscle loading?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
- sudden movements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
- twisting at the waist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
- extended reaching?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13. Are mechanical aids available for heavy or awkward lifts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
14. Are repetitive motions avoided by the following:			
- job rotation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
- self-pacing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
- sufficient pauses/breaks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
15. Are pushing or pulling forces minimized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16. When handling materials, do workers have an unobstructed view?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
18. Are workers trained in correct handling and lifting procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	