

Tray 5-F. Materials Handling Checklist

"No" responses indicate potential problem areas which should receive further investigation.

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|--|------------------------------|-----------------------------|
| 1. Are the weights of loads to be lifted judged acceptable by the workforce? | <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 object load 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 objects | | |
| easy to grasp? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| stable? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| able to be held without slipping? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 6. Are there handholds on these objects? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 7. When required, do gloves fit properly? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 8. Is the proper footwear worn? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 9. Is there enough room 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 |
| 11. Are working surfaces adjustable to the best handling heights? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 12. Does material handling avoid | | |
| movements below knuckle height and above shoulder height? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| static muscle loading? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| sudden movements during handling? | <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. Is help available for heavy or awkward lifts? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 14. Are high rates of repetition avoided by | | |
| job rotation? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| self-pacing? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| sufficient pauses? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 15. Are pushing or pulling forces reduced or eliminated? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 16. Does the employee have an unobstructed view of handling the task? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 17. Is there a preventive maintenance program for equipment? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 18. Are workers trained in correct handling and lifting procedures? | <input type="checkbox"/> yes | <input type="checkbox"/> no |