ERGONOMICS & LIFTING CHECKLIST

Company Name: _____

Work Area

- ☐ Work areas are clean and free of clutter.
- ☐ Floors are dry and free of slip or trip hazards.
- ☐ Materials are stored in a way that allows safe access.
- ☐ Heavy items are not routinely stored on the floor or above shoulder height.
- ☐ Frequently used items are within easy reach.
- ☐ Employees have enough space to lift, move, and turn safely.

Lifting and Material Handling

- ☐ Employees check the load before lifting.
- ☐ Team lifting is used when needed.
- ☐ Mechanical aids such as carts, dollies, or lift assists are available and used when appropriate.
- ☐ Loads are kept close to the body while lifting and carrying.
- ☐ Employees avoid twisting while lifting.
- ☐ Employees turn with their feet instead of twisting their back.
- ☐ Loads are lifted and lowered in a controlled manner without jerking.

Body Positions and Ergonomics:

- ☐ Employees use a stable stance before lifting.
- ☐ Employees bend at the knees and hips when possible instead of bending only at the waist.
- ☐ Employees keep their back in a neutral position during lifting.
- ☐ Employees avoid overreaching or lifting above shoulder height when possible.

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Workers' Comp Insurance

ERGONOMICS & LIFTING CHECKLIST

Company Name: _____

- ☐ Employees avoid carrying loads that block their view.
- ☐ Workstations and task heights reduce repeated bending, stretching, and awkward posture.

Repetitive Motion and Strain Prevention:

- ☐ Repetitive lifting, bending, or reaching tasks have been identified.
- ☐ Tasks are adjusted or rotated when possible to reduce strain.
- ☐ Employees are encouraged to report discomfort early.
- ☐ Supervisors address lifting and ergonomic concerns before they become injuries.

Training and Follow-up:

- ☐ Employees have received lifting safety and ergonomic awareness training.
- ☐ Employees know when to ask for help.
- ☐ Supervisors observe work practices and correct unsafe lifting habits.
- ☐ Lifting related injuries, strains, and near misses are reviewed for improvement opportunities.

Employee Acknowledgement

Employee Name: _____Date: _____

Signature: _____

Supervisor Certification:

Supervisor Name: _____Date: _____

Signature: _____

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