

# Materials Handling Checklist

**Reference**

Company

Date

Department/Work area

Assessment by

**“No” responses indicate potential problem areas, which should receive further investigation.**

Are the weights of loads to be lifted judged acceptable by the workforce?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are materials moved over minimum distances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the distance between the object load and the body minimized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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
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
Are there handholds on these objects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When required, do gloves fit properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the proper footwear worn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are mechanical aids used when possible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are working surfaces adjustable to the best handling heights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does material handling avoid		
movement below knuckle height and above shoulder height?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
static muscle load?	<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
Is help available for awkward lifts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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
Are pushing or pulling forces reduced or eliminated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the employee have an unobstructed view of handling the task?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a preventative maintenance program for equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are workers trained in correct handling and lifting procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No