

# Self-Inspection ***Ergonomic Safety Checklist***

Date Inspected \_\_\_\_\_ Date Completed \_\_\_\_\_

<b>Checklist</b>	<b>Needs to be Addressed</b>	<b>Yes</b>	<b>N/A</b>
Is any employee dealing with eyestrain or glare in the process of doing their job?			
Does any job task require prolonged raising of the arms?			
Do the neck and shoulders have to be stooped to view the task?			
Do workers experience any pressure points on any parts of their body (wrists, forearms, back of thighs)?			
Can assigned tasks be done using the larger muscles of the body?			
Can the work be performed without twisting or overly bending the lower back?			
Are there sufficient rest breaks, in addition to the regular rest breaks, to relieve stress from repetitive motion tasks?			
Are the tools, instruments, and machinery shaped, positioned, and handled in such a way that tasks can be performed comfortably?			
Are all pieces of furniture adjusted, positioned, and arranged to minimize strain on all parts of the body?			

*This Safe Material Handling checklist is NOT all-inclusive. You should add to it or skip parts that are not applicable to your company. Carefully consider each item on OSHA Material Handling, and refer to the OSHA Material Handling Standard for complete and specific guidelines that may apply to your work environment. This list is typical for general industry, not construction or maritime. Please contact NATIONAL SAFETY COMPLIANCE for any training or safety supplies you may need.*