

## **Safety Observation: Lifting**

**Ergo Zone Toolkit** 

## SPECIFIC RISK FACTOR(S) IDENTIFIED

Please check the items below where improvement is possible in order to address the risk factor:

## **LIFTING**

NEEDS FOCUS	RISK FACTOR IDENTIFIED	CORRECTIVE ACTION APPROACH				
		1	2	3	4	5
	Body positioning					
	Gripping surface					
	Grip method					
	Use of lift assist equipment (dollies,					
	hand trucks, forklifts, scissor lifts, etc.)					
	Body mechanics: Twisting					
	Body mechanics: Use of lower back					
	Weight limits					
	Two or more person lift					
	Stretching program					
	Strengthening program					
	Other (specify):					
	Other (specify):					
	Other (specify):					

- 1 = Retraining
- 2 = Assignment to work with safety mentor
- **3** = Increased frequency of safety observations
- 4 = Unsafe condition or "non-enabled task" that needs to be addressed
- **5** = Present at team meeting

Corrective action to be completed (Indicate who is responsible and corrective action date):