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|  | HSE Project Management Audits | | |
| Date of Audit: |  | Dunham Price Group | Business Unit/LLC |
|  |  | Name of Auditor: |  |
| Document #001 | HSE Audit 003 – Manual Material Handling | Peak Safety USA, LLC Auditor: |
| Revision # | 00 |  |



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|  | Manual Material Handling and Ergonomics | **Yes** | **No** | **N/A** | **Comments** |
|  | | | | | |
| 1 | Have the tasks of safe manual material handling been identified on the JSA? |  |  |  |  |
| 2 | Is the manual material handling tasks within the physical limitations of the employee? |  |  |  |  |
| 3 | Does employee adhere to the 50 lbs. per person lift limit? |  |  |  |  |
| 4 | Do employees utilize the buddy system for lifting when the shape or size of objects requires two people to lift? |  |  |  |  |
| 5 | Are mechanical lifting devices used whenever possible? |  |  |  |  |
| 6 | Do employees feel they may ask for assistance when needed? |  |  |  |  |
| 7 | DO supervisors/ managers enforce safe lifting practices with their employees? |  |  |  |  |
| 8 | Have the objects being lifted been assessed to size, Wight and method of lifting and moving? |  |  |  |  |
| 9 | Will environment or conditions affect manual material moving (mud, slippery surfaces, i.e.)? |  |  |  |  |
| 10 | Is the area materials are being lifted and carried free from obstructions, tripping hazards, etc.? |  |  |  |  |
| 11 | Are employees instructed and knowledgeable of safe lifting techniques? |  |  |  |  |
| 12 | Are workers practicing good body mechanics when lifting and using their legs and back? |  |  |  |  |
| 13 | Are workers aware of line of fire and pinch points when performing material lofting activities? |  |  |  |  |
| 14 | Are workers wearing the appropriate PPE while performing lifting activities? |  |  |  |  |
| 15 | Are employees using three way communications when two or more employees are involved in manual lifting activities? |  |  |  |  |
| 16 | Do employees understand when manual material lifting should be stopped and the activities be reassessed? |  |  |  |  |
| 17 | Are carts are dollies available for use? |  |  |  |  |
| 18 | When carts or dollies are used are employees pushing the load vs. pulling the load? |  |  |  |  |
| 19 | Are employees maintaining one hand on a handrail when carrying objects up/down a stairway? |  |  |  |  |
| 20 | Are no smoking signs posted in storage areas? |  |  |  |  |
| 21 | Is the employee’s vision obstructed by the material being handled? |  |  |  |  |

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| **Name of Auditor:** | **Signature:** | **Date:** |
| LLC Site Manager/Person Responsible for compressed gas cylinders | Signature: | Date: |

**Actions Identified**

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| **Observation / Concern** | **Action Required** | **Priority** | **Responsible Person** | **Completion** | **Initials** |
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| **A**: Immediate action required | **B**: Action required within 24hrs | **C**: Action required within 48hrs | **D**: Action required within 1 week |