Back Safety Audit

Employ Date: _	/ee:	Auditor	:	
1.	Have you attended our back safety training sessions?			
2 .	Do you believe the methods and procedures we reviewed can significantly lower your risk of having a back injury?			
3 .	What part of your body should do most of the work in lifting?			
4 .	What are some of the things you do before you start to lift?			
5.	What are the basic steps of safe lifting?			
6.	What kind of movement should you avoid to protect your back?			
7.	What steps do you follow when unloading?			
8.	What condition / exercise should you do before and after a lifting task ?			
9 .	Have you adopted a daily or task based stretching/conditioning routine?			
10 .	Do you think you use good safe lifting techniques more than 90% of the time?			
General	Knowledge / Training Retention Results	s:/ 1	10	Goal = 7 / 10
Obse	rvation Audit – lifting/bendi	ng		
# of bending/picking < 1 lb		safe	unsafe	
# of bending/lifting > 1 lb		safe	unsafe	
Total # of bending/lifting motions		safe	unsafe	
	% safe lifts = total # safe lifts /	total # of lifts		

Goal = 75% +

