Back Safety Audit

Employee: ______________________________  Auditor: ______________________
Date: __________________

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: _____________ / 10  Goal = 7 / 10

Observation Audit – lifting/bending

# 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% +