

# Back Safety - Think Before You Lift

## Before you lift something, ask yourself these questions:

- How heavy is the load?
- Will it be awkward to control?
- Should I ask for help?
- Can it be moved mechanically with available equipment?
- Is it in an accessible position?
- Does it have sharp edges?
- Will it be slippery?
- Do I need gloves or other protection?
- Is the new location accessible and ready to accept the item?
- Is my pathway clear?
- Will I be able to see where I am going?
- Is there a safe way to grip the load?



*Get a Better Grip!*

## Lift correctly:

- Your footing is a very important part of lifting. Your feet should be:
  - Close to the object.
  - Shoulder-width apart for good balance.
  - Kept with one foot slightly ahead of the other to help keep your center of gravity under control.
- Bend your knees and go down to a crouch - not to a full squat. It takes double the effort to stand up from a full squat as it does from a crouch.
- Keep your back as straight and vertical as possible.
- Get a good, firm grip. Do not lift until your hold is strong and slip-proof.
- Lift up by straightening your legs. Keep the load close to your body.
- If you have to change direction, don't twist your body; move your feet as you turn.
- When setting the load down:
  - Keep your back straight.
  - Bend your knees just as you did when you lifted the object.

## Be extra careful if you have not lifted recently:

Muscles can weaken and tighten while you are away on weekends, vacations, or sick-days, so use extra caution on your first day back. Your physical condition and muscle stretching and toning are important *before* lifting begins each day.

## Be smart:

If your load can be moved mechanically or if you can simply ask someone to help you, take that advantage and don't risk injuring your back. ***It's not worth it!***

## Back Safety - Think Before You Lift

This form documents that the training specified above was presented to the listed participants. By signing below, each participant acknowledges receiving this training.

Organization: \_\_\_\_\_

Trainer: \_\_\_\_\_ Trainer's Signature: \_\_\_\_\_

Class Participants:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Remember to load your completed trainings into the Training Track application of your Risk Management Center.***