**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 or awkward to lift?
* 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?

**Lift correctly:**

* Your footing is a very important part of lifting. Your feet must be:
* Close to the object.
* Shoulder-width apart for good balance.
* 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. Standing up from a full squat takes twice as much effort as standing 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 by straightening your legs. Keep the load close to your body.
* If you have to change direction, do not 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 when returning to work. Physical condition, muscle stretching, and toning are important steps before lifting begins each day.

*Do not risk injuring your back; move the load mechanically or ask someone to help you.*

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

Organization: Date:

Trainer: Trainer’s Signature:

**Class Participants:**

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

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