

Daily Materials Handling Checklist

To be filled out daily at the beginning of the shift and reviewed at the end of shift.

Date: ___/___/___ Project/Site: _____ Stage of work: _____

General contractor: _____ Sub-contractor: _____

Individual completing the checklist: _____

Individual who is responsible for manual materials handling: _____
(material delivery, storage and movement, worker training provided and oversight)

BEGINNING OF SHIFT: Make sure materials needed for the day are available or scheduled for delivery, you know the quantity and where they are located/will be delivered in relation to where they will be used, and the equipment/labor for team lifts is available to move the materials.

Material	Quantity	Location delivered/stored	Where it will be used	Equipment to move materials
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please use the space on the back of this form for additional materials.

Are the materials located (delivered/stored) as planned? Yes No

If not, is there corrective action being taken? Yes No

Have steps been taken to ensure:

- The required equipment is available to move the materials (e.g., forklift, cart, dolly, 2-person lifting team)?
 Yes No
- Materials will be moved over the shortest distance possible? Yes No
- The pathway is clear to move the materials? Yes No
- All workers involved in lifting or moving materials have been trained on safe materials handling (when to use lifting equipment or get assistance, and safe lifting practices)? Yes No

Will materials handling training take place today? Yes No

If yes, how? Toolbox talk Other _____

END OF SHIFT

Were materials moved as planned? Yes No

If not, why? _____

