QUICK CHECK

Before you lift

Name: _____ **Date:** _____

- [ ] Do I need to move this by hand at all?
- [ ] Could a trolley or other aid do it?
- [ ] Is the route clear, and do I know where it goes?
- [ ] Is the load too heavy or awkward for one person?
- [ ] Have I asked for help if I need it?
- [ ] Are my clothes and footwear suitable?