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?

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