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| **Hand Tool Design and Selection Checklist** |

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| **Company:** | Click or tap here to enter text. | **Workstation Name:** | Click or tap here to enter text. |
| **Prepared by:** | Click or tap here to enter text. | **Department:** | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. | **Document Number:** | Click or tap here to enter text. |

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| **“NO” answer indicates need for additional investigation.** |
| **Tool Selection** |
| * Tools selected to limit or minimize:
 |
| * Exposure to excessive vibration.
 | Select YES or NO. |
| * Use of excessive force.
 | Select YES or NO. |
| * Bending or twisting wrist.
 | Select YES or NO. |
| * Finger pinch grip.
 | Select YES or NO. |
| * Problems associated with trigger finger (prolonged flexion with forceful exertion).
 | Select YES or NO. |
| * Tools powered where necessary and feasible.
 | Select YES or NO. |
| * Tools evenly balanced in the hand during use.
 | Select YES or NO. |
| * Heavy tools suspended or counterbalanced to facilitate use.
 | Select YES or NO. |
| * Tool allows adequate visibility of work.
 | Select YES or NO. |
| **Tool Handle** |
| * Tool grip/handle prevents slipping during use.
 | Select YES or NO. |
| * Equipped with handles of textured, non-conductive material.
 | Select YES or NO. |
| * Different handle sizes available to fit a wide range of hand sizes.
 | Select YES or NO. |
| * Handle designed to NOT dig into palm of hand.
 | Select YES or NO. |
| * Tool used safely with gloves.
 | Select YES or NO. |
| * Tool used by either hand.
 | Select YES or NO. |
| * Preventive maintenance program to keep tools operating as designed.
 | Select YES or NO. |
| **Employees Training** |
| * Proper use of tools.
 | Select YES or NO. |
| * When and how to report problems with tools.
 | Select YES or NO. |
| * Proper tool maintenance.
 | Select YES or NO. |