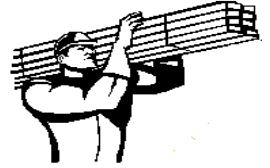




Breakroom Safety Meetings

Topic M18: Back Injury Prevention



Employee Quiz:

- _____ injury is one of the most common injuries in the workplace.
(A) Front (B) Side (C) Back
- Poor _____ can lead to back pain.
(A) posture (B) weight (C) strength (D) balance
- Exercise your _____ along stomach reduces the chance of back injury.
(A) neck (B) back (C) shoulder (D) hip
- Walking for long periods of time _____ back muscles _____ and your posture straight.
(A) tight (B) injure (C) stretch (D) relax
- A regular _____ routine will help keep your back strong and injury free.
(A) washing (B) exercise (C) work (D) relaxation
- If a load is heavy or feels too clumsy, get _____ from another worker.
(A) encouragement (B) money (C) gloves (D) help
- If you can tell you are having problems lifting an object, ask for assistance or use a _____.
(A) lifting device (B) credit card (C) smaller object (D) good excuse

EMPLOYEE QUIZ
Demonstrates your
employee's understanding
of material

Employee Workplace Inspection: Initial in the space provided at each point, or write N/A if not applicable to your job.

- _____ I have sustained no workplace injuries as of this date.
- _____ I am aware the possession of, or being under the influence of, alcoholic beverages or illegal drugs on company property or in company vehicles, is expressly prohibited. Violation of this policy will be grounds for immediate termination of employment.
- _____ I have been informed that removal, copying, or use of any company property, supplies, or product from company property without permission is prohibited and may result in disciplinary action.
- _____ I will immediately notify my supervisor of any safety concerns in the workplace.
- _____ I have been informed that any verbal or physical harassment initiated by me will subject me to disciplinary action and including termination.
- _____ I have been informed that any workplace violence is prohibited, and agree to never bring any weapons on company property, including company vehicles.
- _____ I am trained and properly licensed to operate any company vehicle which has been assigned to me, and agree to notify management if my license is suspended or revoked for any reason. I will report any incidents which involve the vehicle I am operating to my supervisor.
- _____ I have been issued, and have inspected, all necessary personal protective equipment for my job. I have found the equipment free of defects, and agree to wear all appropriate personal protective equipment.
- _____ I have inspected all machine guards to ensure they are in place and secure. I agree never to remove, disable, or modify any safety guards, and to notify my supervisor immediately of any missing or broken guards.
- _____ I have been informed of where material safety data sheets are stored, and have free access to them.
- _____ All flammable or combustible materials have been stored or disposed of properly.
- _____ I have been trained in requirements for handling and use of any chemicals I might have contact with in the workplace.
- _____ My work area is clean and free of clutter.
- _____ I have been notified of emergency procedures, the location of first aid kits, and the location of fire extinguishers.
- _____ All equipment and tools have been inspected and any safety defects have been reported or corrected.
- _____ I have inspected _____
- _____ I have been informed of any and all hazards in the workplace.
- _____ I am aware of and trained in all necessary lockout/tagout/blockout procedures to perform my job safely.
- _____ I have been trained in safe material handling techniques, and agree to proper lifting/team lifting techniques for materials in my workplace.
- _____ I have been properly trained and/or certified and/or licensed to perform my assigned work competently and safely.
- _____ I have been fully informed of, and agree to abide by, all company policies, rules, and regulations.

Each sentence covers
essential
Safety
documentation

Employee
verification of
workplace Safety

I understand that by signing this form I attest and verify that the above information is true and correct, and that failure to follow company safety policies may result in disciplinary action.



Employee Signature: _____ Date: _____

Foreman/Supervisor's Signature: _____ Date: _____



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