Construction is a very physically demanding occupation. Pulling, pushing, carrying heavy loads, digging, using heavy machinery, extreme weather conditions, repetitive jobs, materials handling, and other work hazards can all affect an employee’s health and safety. Workers are always at risk for serious ergonomic injuries such as work related musculoskeletal disorders, back sprains, and strain. For example, these are all common injuries for roofers, electricians, plumbers, carpenters, and construction workers. Ergonomics is the science of finding ways to make work easier, smarter, and more efficient by changing the way of handling physical work while still maintaining safe practices. Through task assessment and the use of engineering controls, administrative controls, and training manual job hazards can be minimized. OSHA uses the General Duty Clause to cite the workplace for ergonomics hazards.

Some Ergonomics Tips:

- Plan to minimize handling of heavy materials by using a forklift.
- Store the materials close to the place where they will be used.
- Make sure materials are easily accessible.
- Do not clutter the workplace with unused tools.
- Keep walk ways clean and free from debris.
- In general, practice good housekeeping.
- Use carts and dollies to move materials.
- Use tools that make work more efficient (for example, pulley systems).
- Use Personal Protective Equipment when needed (shoulder pads, etc.)
- If you do not have weight limits, ask for help.
- Train workers for ergonomic risks and solutions according to their job requirements.
- Have a trained manager at the work place to handle ergonomic risks and solutions.

Work Site Review: Hazards/Safety Suggestions

_________________________________________   _____________________________________   _____________________________________

_________________________________________   _____________________________________   _____________________________________

_________________________________________   _____________________________________   _____________________________________

Company Name: _________________________________________
Work Site Location: ______________________________________
Date: _________ Start Time: __________ Finish Time: ___________
Foreman/Supervisor: _____________________________________

Employee Signatures: (continue on back of sheet if necessary)

_________________________________________   _____________________________________   _____________________________________

(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness)

Manager/Supervisor’s Signature: _____________________________

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