



PINCH POINTS

Pinch points are points in and around machines where there is a chance of an individual's body part (finger, hands, other parts of body) becoming caught in either stationary or moving parts being severely injured. OSHA regulations cover the safety of employees around pinch points at workplaces in order to eliminate or reduce injuries. According to OSHA regulations, pinch point injuries may happen when a body part is caught in a pinch point in between moving machine parts, moving and stationary parts, or moving parts and the processed materials. Not all pinch points are covered under same regulations by OSHA. This includes catching fingers, feet, or hands under moving equipment, nipping fingers or hands with tools or jewelry, and clothing getting caught in pinch points. OSHA requires guards or barriers between the body and pinch points on machines as well as safety training of all employees who use any machine at the workplace.

Pinch Point Safety:

Inspect the machine for any possible pinch points prior to beginning your work.

Get help when moving heavy or awkward items.

Carry or move any equipment or heavy items very carefully.

Plan your job to prevent pinch point injuries.

Make sure you have enough space to move an item in order to prevent injury.

Never use a machine that is missing a guard or is defective.

If a machine guard is missing or not working properly report it to your supervisor.

If a machine is not in use, turn it off.

Always maintain full focus on the task at hand, regardless of how easy or difficult it is.

Follow lockout-tag out procedure (Must be trained for this).

Do not fool around while working near equipment.

Any repair work must be done by a trained and authorized person.

Employees should be trained and educated on the use of machines and on the safety measures required to prevent injury at the workplace.

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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