

Handtool Analysis Checklist

Date ___/___/_____

Company/Plant _____

Dept _____

Job Name _____

Tool Name/#/Description _____

Task for which the tool is used _____ Evaluator _____

“No” responses indicate potential problem areas that should receive further investigation.

1. Is the tool selected to limit or minimize the following:	
- exposure to excessive vibration?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
- use of excessive force?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- bending or twisting of the wrist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- finger pinch grip?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- repetitive finger triggering?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Is the tool powered where necessary and feasible?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Is the tool evenly balanced?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is the tool suspended or counterbalanced in ways to facilitate use?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. Does the tool allow adequate visibility of the work?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Is the tool grip/handle designed not to slip during use?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Is the tool equipped with handles of textured, non-conductive material?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Are different handle sizes available to fit a wide range of hand sizes?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Is the tool handle designed not to dig into the palm of the hand?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Can the tool be used safely with gloves?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Can the tool be used by either hand?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Is there a preventive maintenance program to keep the tool operating as designed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Have workers been trained in the following:	
- the proper use of the tool?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- when and how to report problems with the tool?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- proper tool maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No