

WEED EATER TOOL USE BEST PRACTICES SAFETY AUDIT/SURVEY TOOL

Injury prevention while using a weed eater power tool

Instructions: This is a scored pro-active safety auditing tool designed for periodic use to reduce high risk behaviors and increase safe behaviors. Yes answers should be scored at (1) and no answers should be scored at (0). In the corrective action column, either a time frame for completing the correction or the actual date corrective action was completed should be noted. Total and track audit scores over time to track up or down trends along with tracking the number of incidents, accidents and injuries sustained.

Weed eater tool use presents multiple injury hazards including foreign objects in eyes, slips and falls while using the tool on steep slopes and uneven ground, repetitive motion injuries from excessive hours of use, hearing damage, and injuries related to environmental hazards such as dust and bee stings.

To reduce the risk of injuries while using weed eater power tools, workers should be properly trained on using the tool, proper personal protective equipment should always be used, and tool use needs to be rotated among workers and daily use limited to two to three hour sessions with numerous breaks. If possible, it is best to limit use of weed eater tools to a few days a week. It may help to have tools that are several different sizes to better accommodate the needs of employees.

Task/Job Part – Proper Training	Yes	No	Corrective action date	N/A
All training completed with passing scores in a timely manner				
All training properly recorded				
All job specific training and new employee safety orientation completed				
All job specific training and new employee safety orientation completed for seasonal workers				

Task/Job Part – Human Resources	Yes	No	Corrective action date	NA
Personnel policies applied in a consistent manner				
Fairness – all employees treated the same				
Progressive discipline in place with emphasis on worker integrity and accountability				
Sexual harassment prevention training completed				
Other				

Task/Job Part – Customer Relations and Service	Yes	No	Corrective action date	NA
All incidents or accidents involving customers reported and recorded <ul style="list-style-type: none"> ✓ At the time of an accident or incident, there is no admission of liability on the part of the municipality ✓ All appropriate public safety and EMS agencies were notified 				
Customers are treated in a polite manner and customer requests and needs were promptly addressed				
Any customer complaints were responded to in a timely manner and corrective action taken				
Other				

Task/Job Part – Weed Eater Operations	Yes	No	Corrective action date	NA
Completed all daily/weekly equipment checklists				
Completed any notification or corrective action needed with supervisors				
Proper equipment fueling and maintenance used				
Proper work practices, with PPE use, communication devices in place. Care used on slopes and uneven ground				
Walk-around of new areas to check for hazards and slopes				
Proper hours of use – a few hours a day no more than every other day				
Neck strap properly adjusted and used				
Other				

Task/Job Part – Proper Lifting Technique	Yes	No	Corrective action date	NA
Proper position and technique				
2 or more workers if load is more than 50#				
No lift above waist level				
Use of effective assistive lifting device if applicable				
Other				

Task/Job Part – Use of Personal Protective Equipment (PPE)	Yes	No	Corrective action date	NA
Use of 8" high heavy work boot with a hard toe				
Use of heavy work gloves				
Use of anti-vibration gloves				
Use of safety glasses or goggles				
Use of level "D" protection, coveralls or pants, long-sleeve shirt				

Task/Job Part – Use of Personal Protective Equipment (PPE)	Yes	No	Corrective action date	NA
Use of hard hats and safety vests vehicle traffic areas (park ways, near streets)				
Use of back belts during tool use				
Use of hearing protection				
Use of sun block and or insect repellent				

Task/Job Part – Proper use of incident reporting forms & logs with proper recording	Yes	No	Corrective action date	NA
All worker injuries reported to supervisor and recorded				
All worker accidents involving property, chemicals reported and recorded				
All “near misses” reported to supervisors and recorded				
If a reporting program was in place, all hazards and potential hazards reported and recorded				
A workers compensation claim was filed if a) an injury involved lost time, b) medical care with costs, or c) the worker requested a claim be filed				

Task/Job Part – Safety Meetings and Records	Yes	No	Corrective action date	NA
Periodic safety meetings attended with training and or incident investigations and corrective action taken				
All records associated with safety meetings properly maintained				

Task/Job Part – Illness Prevention and Environmental Safety	Yes	No	Corrective action date	NA
Water consumption and breaks to prevent heat exhaustion in conditions above 80 degrees				
Proper use of dust masks or other respiratory protection in dusty conditions				
Use of sun block and insect repellent if needed				
Operations stopped during electrical, or severe storms				

TOTAL SCORE

Signature _____

Print Name _____

Date _____