******What Types of Grips?**

**Pinch Grip**

**How can I reduce the risk of an injury?**

**Pinch Grip –** Holding an object between the finger tips and the opposing thumb.

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**Here are some work safety tips to prevent a gripping injury:**

* **Identify the right grip for the task - power grip vs. a pinch grip.**
* **Test the load before moving it.**
* **Use power tools or mechanical aids when available.**
* **Select the right gloves for the task.**
* **Firmly grip items.**
* **Grip handles when available.**
* **Avoid twisting at the wrists.**
* **Use both arms whenever possible.**
* **When gripping an object keep it close to your body.**
* **Avoid moving too fast - pace yourself.**
* **Take micro breaks when repetitively gripping or using vibration tools.**

**Power Grip –** Using the whole hand to grasp an object. A power grip is stronger than a pinch grip.

**Power Grip**

Some Items, such as pens, are best suited for a pinch grip. For most items, it’s easier to apply force with a power grip. When applying force, you put pressure on the muscles, joints, bones, and ligaments. You may increase your risk of injury if you apply too much grip force.

**What are some of the hazards associated with Grip Force?**

We typically grip objects we need to move or tools we need to use. Here are some hazards associated with grip force:

**Gripping objects or tool hazards**

* Handling tools or objects with a pinch grip when a power grip is better suited for the task.
* Gripping items that are too heavy.
* Using excessive force to grip tools or objects.
* Selecting the wrong gloves for the task.
* Poorly designed or non-existent handles.
* Awkward wrist posture that reduce grip strength.
* Handling objects or tools that are far away from your body.
* ****Not taking breaks when dealing with repetitive gripping or use of vibrating tools.

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| **MEETING DESCRIPTION** | | | |
| **Meeting Date:** |  | **Time:** |  |
| **Location:** |  | **Supervisor:** |  |
| **Number in Crew:** |  | **Number Attended:** |  |
| **Attended By:** |  |  | **Absent** |
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| **REVIEW ITEMS FROM PREVIOUS MEETING** | **INCIDENTS/INJURIES REVIEWED** |
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| **TOPICS DISCUSSED** |
| 1. **MSI - Force** |
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| **WORKERS CONCERNS** |
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| **CORRECTIVE ACTIONS TO BE TAKEN** |
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| **MEETING CONDUCTED BY** | | | |
| **Supervisor:** |  | **Manager:** |  |
| **Date:** |  | **Date:** |  |