

Manual Handling Risk Assessment

Location of task:

Description of manual handling task:

Persons doing assessment:

Date of assessment:

Reasons for identification:

- Existing task
 Change in task, object or tool
 Report of musculoskeletal disorder (MSD)
 New task
 New Information.

Step 1a – Does the task involve repetitive or sustained postures, movements or forces? Refer COP Section 12.2
Tick yes if the task requires any of the following actions to be done more than twice a minute or for more than 30 seconds at a time.

	Yes	Comments
Bending the back forward or sideways more than 20 degrees		
Twisting the back more than 20 degrees		
Backward bending of the back more than 5 degrees		
Bending the head forwards or sideways more than 20 degrees		
Twisting the neck more than 20 degrees		
Bending the head backwards more than 5 degrees		
Working with one or both hands above the shoulder height		
Reaching forwards or sideways more than 30 degrees from the body		
Reaching behind the body		
Squatting, kneeling, crawling, lying, semi lying or jumping		
Standing with most of the body weight on one leg.		
Twisting turning grabbing picking or wriggling actions with the fingers, hands or arms.		
Working with the fingers close together or wide apart.		
Very fast movements		
Excessive bending of the wrist		
Lifting or lowering		
Carrying with one hand or one side of the body.		
Exerting force with one hand or with one side of the body.		
Pushing pulling or dragging		
Gripping with fingers pinched together or held wide apart.		
Exerting force while in an awkward posture.		
Holding, supporting or restraining and object, person animal or tool.		

Step 1b

Tick yes if the task is done for more than 2 hours over a whole shift or continually for more than 30 minutes at a time

Yes	Comments

Step 2- Does the task involve high force? Refer COP Section 12.2

Tick yes if the task involves any of the following high force actions

	Yes	Comments
Lifting, lowering or carrying heavy tools		
Applying uneven, fast or jerky forces during lifting carrying, pushing or pulling		
Applying sudden or unexpected forces (e.g. when handling a person or animal)		
Pushing, pulling objects that are hard to move or to stop (eg. a trolley)		
Using a finger-grip, a pinch-grip or an open-handed grip to handle a heavy or large load		
Exerting force at the limit of the grip span		
Needing two hands to operate a tool designed for one hand		
Throwing or catching		
Hitting or kicking		
Holding, supporting or restraining a person, animal or heavy object		
Jumping while holding a load		
Exerting force with the non-preferred hand		
Two or more people need to be assigned to handle a heavy or bulky load		
Exerting high force while in an awkward posture		

Tick yes if your employees report any of the following about the task. Refer COP Section 12.2

	Yes	Comments
Pain or significant discomfort during or after the task		
The task can only be done for short periods		
Stronger employees are assigned to do the task		
Employees think the task should be done by more than one person, or seek help to do the task are assigned		
Employees say the task is physically very strenuous or difficult to do		

Step 3 – Is there a risk?

Refer COP 12.2

	Yes	Comments
Does the task involve repetitive or sustained postures, movements or forces, and long duration? (Did you tick Yes in 1a 1b) If yes there is a risk. Risk control is required.		
Does the task involve high force? Did you tick yes in step 1? If yes, the task is a risk. Risk control is required		

Step 4 – Are environmental factors increasing the risk?

Refer COP Section 12.2

Tick yes if the following environment factors are present in the task

	Yes	Comments
Vibration hand –arm or whole body		
High temperatures		
Radiant heat		
High humidity		
Low temperatures		
Wearing protective clothing while in hot conditions		
Wearing thick clothing while working in cold conditions.		
Handling very cold or frozen objects		
Employees are working in hot conditions and are not use to it.		

Has there been a report of a MSD associated with this task?

Tick yes if any reports of MSD have been made		
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Sketch the task or attach a photograph, if helpful.

RISK CONTROL

Task:

Persons considering controls:

Date:

What are the sources of risk? *Refer COP Section 13.3*

Can you eliminate the risk?

➔ YES (Explain how)

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NO

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Is it practicable to eliminate or reduce the risk by doing one or more of these things?

➔ YES (Explain how)

Refer COP 13.5

- Altering the workplace
- Altering the environment conditions
- Altering the systems of work
- Changing the objects used in the task, or
- Using mechanical aids?

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NO

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Can you reduce the risk with information, instruction, training and supervision? How?

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IMPLEMENTING RISK CONTROLS

Refer 13.6–13.7

Short-term (immediately to within a few weeks) Action required	Person Responsible	Completion Date	Review Date	Action Completed
Medium-term (within a few weeks to a couple of months) Action required				
Long-term (within several months) Action required				