

STEP 1 – ENTER INFORMATION ABOUT THE MANUAL HANDLING TASK, ITS LOCATION AND THE PEOPLE COMPLETING THE RISK ASSESSMENT

RA NO. (IF USED):

Reason for this Risk Assessment

- New task
 New information
 Change to existing work environment/task/object/tool
 Report of musculoskeletal disorder (sprain/strain of muscle, joints, ligaments, tendons etc)

| Location name | Building No. | Date | Assessed by | Health & Safety Rep. |
|---------------|--------------|------|-------------|----------------------|
|---------------|--------------|------|-------------|----------------------|

Description of manual handling task (If necessary observe/analyse the task being performed by different staff at different times to capture variation in work flow)

Workplace conditions (Describe environment, layout and physical conditions - including access and egress)

List systems of work in place for the manual handling task

- Training procedure
- Inspections
- SOPs

Is there past experience or background material regarding the manual handling activity that may assist in the assessment?

- Existing controls
- Industry standards
- Training
- Incident Investigation reports
- SOPs
- Incidents & near-hits
- University guidance material
- Assessor's (or others') knowledge/experience
- Standards
- Legislation & Codes

STEP 2 – IDENTIFY MANUAL HANDLING HAZARDS

Identify the manual handling hazards involved in the task. Describe when and where the hazard is present.

| 2.1 Does the task involve REPETITIVE OR SUSTAINED POSTURES, MOVEMENTS OR FORCES? Tick yes if the task requires any of the following actions to be done: <ul style="list-style-type: none"> • more than twice per minute (repetitive) OR • more than 30 seconds at a time (sustained). | Yes | Comments (ie. When and where hazard is present) |
|--|--------------------------|---|
| Postures and Movements | | |
| Twisting, or bending the head forwards, backwards or sideways | <input type="checkbox"/> | |
| Twisting, or bending the back forwards, backwards or sideways | <input type="checkbox"/> | |
| Long forwards or sideways reaching away from the body (>30cm) | <input type="checkbox"/> | |
| Reaching behind the body or across the body | <input type="checkbox"/> | |
| Reaching above shoulder height | <input type="checkbox"/> | |
| Working with one or both hands well above waist height, or one or both elbows well away from the side of the body | <input type="checkbox"/> | |
| Working with the fingers wide apart or close together | <input type="checkbox"/> | |
| Excessive bending of the wrist upwards, downwards or sideways | <input type="checkbox"/> | |
| Twisting, turning, grabbing, flicking, pressing, clicking, kneading or wringing actions with the fingers, thumb, hands or arms | <input type="checkbox"/> | |
| Squatting, kneeling, crawling, climbing, lying, semi-lying, jumping, dodging or running | <input type="checkbox"/> | |
| Standing unbalanced e.g. on tip toes or with most of the body's weight on one leg, including operating foot controls | <input type="checkbox"/> | |
| Forces | | |
| Lifting or lowering | <input type="checkbox"/> | |
| Carrying or exerting force with one hand or one side of the body | <input type="checkbox"/> | |
| Pushing, pulling or dragging | <input type="checkbox"/> | |
| Holding, supporting or restraining any object, person, animal or tool | <input type="checkbox"/> | |
| Exerting force while in an awkward posture, eg. <ul style="list-style-type: none"> • supporting items while arms or shoulders are in an awkward posture • moving items while legs are in an awkward or fixed posture | <input type="checkbox"/> | |
| Exerting force with individual fingers or thumb | <input type="checkbox"/> | |
| Gripping objects with the fingers pinched together or held wide apart | <input type="checkbox"/> | |

| 2.2 Does the task involve LONG DURATION? | Yes | Comments (ie. When and where hazard is present) |
|---|--------------------------|--|
| Tick yes if the task is done for: | | |
| More than 2 hours over a whole shift | <input type="checkbox"/> | |
| Continually for more than 30 minutes at a time | <input type="checkbox"/> | |
| 2.3 Does the task involve HIGH FORCE? | Yes | Comments (ie. When and where hazard is present) |
| Tick yes if the task involves any of the following high force actions, even if force is applied only once | | |
| Lifting, lowering, carrying, pushing or pulling heavy loads | <input type="checkbox"/> | |
| Applying uneven, fast or jerky forces during lifting, carrying, pushing or pulling | <input type="checkbox"/> | |
| Applying sudden or unexpected forces (e.g. when handling a person or animal) | <input type="checkbox"/> | |
| Holding, supporting or restraining a person, animal or heavy object | <input type="checkbox"/> | |
| Throwing, catching, hitting, striking or kicking | <input type="checkbox"/> | |
| Jumping or bouncing while holding/supporting a load | <input type="checkbox"/> | |
| Using a finger-grip, open-handed grip or other inefficient hand position to handle a heavy or large load | <input type="checkbox"/> | |
| Exerting high force while in an awkward posture | <input type="checkbox"/> | |
| Needing to use two hands to operate a tool designed for one hand | <input type="checkbox"/> | |
| Two or more people need to be assigned to handle a heavy or bulky load | <input type="checkbox"/> | |
| Tick yes if employees performing the task report any of the following | | |
| Fatigue or physical difficulty associated with the task | <input type="checkbox"/> | |
| Pain or significant discomfort during or after the task | <input type="checkbox"/> | |
| They have physical capacity to do the task for short periods only | <input type="checkbox"/> | |
| They think the task should be done by more than one person, or seek help to do the task | <input type="checkbox"/> | |
| Stronger employees are assigned to do the task | <input type="checkbox"/> | |
| 2.4 Are ENVIRONMENTAL FACTORS increasing the risk? | Yes | Comments (ie. When and where hazard is present) |
| Tick yes if any of the following environmental factors are present in the task | | |
| Vibration (hand-arm or whole-body) | <input type="checkbox"/> | |
| High temperatures or radiant heat | <input type="checkbox"/> | |
| Poor visibility | <input type="checkbox"/> | |
| High humidity | <input type="checkbox"/> | |

| 2.4 Are ENVIRONMENTAL FACTORS increasing the risk? Tick yes if any of the following environmental factors are present in the task | Yes | Comments (ie. When and where hazard is present) |
|--|--------------------------|---|
| Low temperatures | <input type="checkbox"/> | |
| High winds | <input type="checkbox"/> | |
| Wearing protective or thick clothing, affecting comfort or handling | <input type="checkbox"/> | |
| Handling very cold or frozen objects | <input type="checkbox"/> | |
| Working in confined spaces | <input type="checkbox"/> | |
| Floor/ground is slippery, wet or not level | <input type="checkbox"/> | |

| 2.5 Are WORK ORGANISATION FACTORS increasing the risk? | Yes | Comments |
|---|--------------------------|----------|
| Peaks or sudden/periodic variations in workload | <input type="checkbox"/> | |
| Need for speed, accuracy or both | <input type="checkbox"/> | |
| Long work hours (eg overtime, 12 hour shifts) or work force shortages | <input type="checkbox"/> | |

STEP 3 – RISK ASSESSMENT AND CONTROL

For each of the following prompts:

- **Tick the box** for the kind of risk that may exist for the manual handling task;
- In the **comments** box, summarise when and where the hazard is present;
- Specify the risk **control type** from the Hierarchy of Control at right, for each current or proposed risk control;
- Provide a **control description** for each current or proposed risk control.
- **Note that if you ticked any box in Steps 2.4 or 2.5**, there is a **heightened risk** associated with this task, and risk controls should be a high priority.

Manual Handling Hierarchy of Control (Type)

Controls are listed in order of preference:

E Elimination

AW Alter the Workplace

AE Alter the Environmental conditions

ASW Alter Systems of Work

CO Change the Objects used in the task

A Aministrative controls, ie information, training, instruction, SOP

For help devising appropriate controls, refer to: [Guide to Manual Handling Hierarchy of Control](#)

| 3.1 Is there risk due to repetitive/sustained postures, movements or forces, AND long duration? | Yes | Comments (summarise when and where hazard is present) | Control Type | Control Description |
|---|--------------------------|---|--------------|---------------------|
| Tick yes if you ticked any boxes in Step 2.1 AND Step 2.2 | <input type="checkbox"/> | | | Current: |
| | | | | Proposed: |

| 3.2 Is there risk due to high force actions? | Yes | Comments (summarise when and where hazard is present) | Control Type | Control Description |
|--|--------------------------|---|--------------|---------------------|
| Tick yes if you ticked any box in Step 2.3 | <input type="checkbox"/> | | | Current: |
| | | | | Proposed: |

| 3.3 Is there heightened risk due to environmental factors, or due to report/s of musculoskeletal disorders associated with the task? | Yes | Comments (summarise when and where hazard is present) | Control Type | Control Description |
|--|--------------------------|---|--------------|---------------------|
| Tick yes if you ticked any box in Step 2.4 or Step 2.5. If you ticked yes, this indicates that there is a heightened risk associated with this task. Implementing risk controls should be a high priority. | <input type="checkbox"/> | | | Current: |
| | | | | Proposed: |

STEP 4 – COMPLETE THE IMPLEMENTATION OR ESCALATION PLAN

Determine the person responsible for deciding upon and implementing the proposed controls. Obtain the authorisation of the Management Representative.
 Ensure the HSR (if applicable) has been consulted. Ensure the person(s) performing the Activity/Task have been consulted.

| | | | |
|---|--|--------------------------|--|
| Person Responsible or Escalated to | | Controls due date | |
| Signature of Management Representative | | Date | |
| Signature of HSR | | Date | |
| Signature of person performing Activity/Task | | Date | |

For use in conjunction with *Manual Handling and Ergonomics Risk Management (UOM 337)*
 For further information, refer to <http://safety.unimelb.edu.au/tools/risk/> or contact your local EHS contact.

Extra writing room - use this page to enter extended comments or descriptions