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| C:\Users\susanb\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\PRIMARY_A_Vertical_Housed_RGB.PNG | Health & Safety  HAZARDOUS Manual handling risk assessment Form |

| Ra No./ERMS Ref: a No./ERMS Ref: | Date: | Version No.: sion No.: | Review Date: w Date: | Authorised by: |
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| STEP 1 – ENTER INFORMATION ABOUT THE Manual Handling TASK, ITS LOCATION AND THE PEOPLE COMPLETING THE RISK ASSESSMENT |
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| 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.)  Cyclic review | | | | | | |
| Location name: | Building No.: | | **Room No.:** | Date: | Assessed by: | HSR/Employee representative: |
| Description of manual handling task (If necessary, observe/analyse the task being performed by different staff at different times to capture variation in workflow/work demand) | | | | | | |
| Workplace conditions (Describe environment, layout, and physical conditions - including access and egress) | | | | | | |
| List systems of work for the activity/task:  ● Existing controls ● Inspections  ● SOPs ● Emergency situations ● Training | |  | | | | |
| Is there past experience with the activity/task that may assist in the assessment?  ● Known controls ● SOPs ● Standards  ● Industry standards ● Incidents & near hits ● Legislation & Codes  ● Training ● Incident Investigation ● Guidance material | |  | | | | |
| Step 2: RISK RATING – RISK MATRIX AND DEFINITIONS | | | | | | |

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| Likelihood | Consequence | | | | | |
|  | Insignificant | Minor | Moderate | Major | Severe |
| Almost certain | Medium | High | High | Extreme | Extreme |
| Likely | Medium | Medium | High | Extreme | Extreme |
| Possible | Low | Medium | Medium | High | Extreme |
| Unlikely | Low | Low | Medium | High | High |
| Rare | Low | Low | Low | Medium | High |

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| Likelihood |  | Consequence |
| Almost certain – will occur in most circumstances when the activity is undertaken (greater than 90% chance of occurring) |  | Insignificant –First aid treatment, minor injury, no time off work |
| Likely - will probably occur in most circumstances when the activity is undertaken (51 to 90% chance of occurring) |  | Minor – Single occurrence of medical or health professional treatment, minor injury, no time off work |
| Possible – might occur when the activity is undertaken (21 to 50% chance of occurring) |  | Moderate – Multiple medical or health professional treatments, non-permanent injury or manageable symptoms that do not restrict work capacity, less than 10 days off work |
| Unlikely – could happen at some time when the activity is undertaken (1 to 20% chance of occurring) |  | Major – Extensive injuries requiring medical treatment (e.g., surgery), serious or permanent injury/illness that restricts work capacity and may require job modification, greater than 10 days off work |
| Rare – may happen only in exceptional circumstances when the activity is undertaken (less than 1% chance of occurring) |  | Severe – Severe injury/illness requiring life support, actual or potential fatality, greater than 250 days off work |

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| Risk Rating Priority for Action | | | |
|  | Risk acceptance guide | Action | Recommended action time frame |
| Extreme | Not acceptable | Cease activity Implement further risk controls  Monitor, review, and document controls | Immediate  Up to 1 month  Ongoing |
| High | Generally (in most circumstances) not acceptable | Implement risk controls if reasonably practicable  Monitor, review, and document controls | 1 to 3 months  Ongoing |
| Medium | Generally (in most circumstances) acceptable | Implement risk controls if reasonably practicable  Monitor, review, and document controls | 3 to 6 months  Ongoing |
| Low | Acceptable | Monitor and review | Ongoing |

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| STEP 3 – Identify hazards and associated risk Scores and controls | |
| For each of the following prompts:   * **Review the prompts/examples** for each hazard that may potentially exist for the activity/task. * Determine and record an **inherent risk score** using the risk matrix. * In the **comments** box, describe when and where the hazard is present. * Specify the risk **control type**, for each current or proposed risk control. * Provide a **control description** for each current or proposed risk control. * Determine the **residual risk score** using the risk matrix. * Provide a summary of controls at the end of this document | Manual handling hierarchy of control (Type) - in order of preference:   1. E Elimination- remove the action that gives rise to the risk of MSD 2. WC Reduce the risk of MSD by making changes to the workplace or work   Alter the workplace layout  Alter the workplace environment  Alter the systems of work  Change the things used in the hazardous manual handling task  Use mechanical aids   1. A Administrative controls, e.g. information, training, instruction, SOP   For information devising appropriate controls, refer to:  [Health & Safety: Guide to hazardous manual handling hierarchy of control](https://safety.unimelb.edu.au/__data/assets/word_doc/0007/4682878/guide-to-hazardous-manual-handling-hierarchy-of-control.docx) |

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| Category | Inherent Risk score | Comments (when and where hazard is present) | Control type | Control description  (Current and Proposed) | Residual Risk Score |
| Does the task involve REPETITIVE or SUSTAINED FORCES, SUSTAINED AWKWARD POSTURES, and/or REPETITIVE MOVEMENTS?  Provide comment where the task requires any of the following actions to be done:   * more than twice per minute (repetitive) **OR** * more than 30 seconds at a time (sustained): |  |  |  |  |  |
| Postures and Movements   * Twisting, or bending the head forwards, backwards or sideways * Twisting, or bending the back forwards, backwards or sideways * Long forwards or sideways reaching away from the body (>30cm) * Reaching behind the body or across the body * Reaching above shoulder height * Working with one or both hands well above waist height, or one or both elbows well away from the side of the body * Working with the fingers wide apart or close together * Excessive bending of the wrist upwards, downwards, or sideways * Twisting, turning, grabbing, flicking, pressing, clicking, kneading, or wringing actions with the fingers, thumb, hands, or arms * Squatting, kneeling, crawling, climbing, lying, semi-lying, jumping, dodging, or running * Standing unbalanced e.g., on tip toes or with most of the body’s weight on one leg, including operating foot controls   **Forces**   * Lifting or lowering * Carrying or exerting force with one hand or one side of the body * Pushing, pulling, or dragging * Holding, supporting, or restraining any object, person, animal, or tool * Exerting force while in an awkward posture, e.g. * supporting items while arms or shoulders are in an awkward posture * moving items while legs are in an awkward or fixed posture * Exerting force with individual fingers or thumb * Gripping objects with the fingers pinched together or held wide apart |
| Does the task involve LONG DURATION?  Provide comment if the task is done for: |  |  |  |  |  |
| * More than 2 hours over a whole shift * Continually for more than 30 minutes at a time |
| Does the task involve HIGH FORCE?  Provide comment 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 * 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) * Holding, supporting, or restraining a person, animal, or heavy object * Throwing, catching, hitting, striking, or kicking * Jumping or bouncing while holding/supporting a load * Using a finger-grip, open-handed grip, or other inefficient hand position to handle a heavy or large load * Exerting high force while in an awkward posture * Needing to use two hands to operate a tool designed for one hand * Two or more people need to be assigned to handle a heavy or bulky load * Provide comment if employees performing the task report any of the following   + Fatigue or physical difficulty associated with the task Pain or significant discomfort during or after the task   + They have physical capacity to do the task for short periods only   + They think the task should be done by more than one person, or seek help to do the task   + Stronger employees are assigned to do the task |
| Are ENVIRONMENTAL FACTORS increasing the risk?  Provide comment if any of the following environmental factors are present during the task  **Note** that if there is an environmental factor identified in this category there is a **heightened risk** associated with this task, and risk controls should be a high priority. Below updated to align with 2019 MH code of practice |  |  |  |  |  |
| * Vibration (hand-arm or whole-body) * Heat * Cold * Humidity * Wind * Lighting * Obstructions * Slippery, uneven floor surfaces |
| Are WORK ORGANISATIONAL (PSYCHOSOCIAL) FACTORS increasing the risk?  Note that if there is a psychosocial factor identified in this category is a heightened risk associated with this task, and risk controls should be a high priority. |  |  |  |  |  |
| * Peaks or sudden/periodic variations in workload * Need for speed, accuracy, or both * Long work hours (e.g., overtime, 12-hour shifts) or work force shortages |
| To assist us in this risk assessment, please provide an image here. |  | | | | |

| STEP 4 – ImpleMEntation and consultation process | | | | |
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| Determine the person responsible for and authorized to implement the identified controls and review and revise as required.  Ensure the employees undertaking the activity have been consulted and have had the opportunity to participate in the risk assessment.  Ensure the HSR (if applicable) has been consulted.  Record below the names of all persons involved in this assessment. | | | | |
| Management representative |  | | HSR/Employee representative |  |
| Employee(s) |  | | Employee(s) |  |
| Employee(s) |  | | Employee(s) |  |
| Person Responsible for implementation or escalation | |  | | |

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| SUMMARY OF CONTROLS. Order the risk controls into **short term**, **medium term,** and **long-term** categories | | | | | |
| **Risk Control Priorities** | | | | | |
| **Category** | **Control type** | **Proposed Control** | **Person Responsible** | **Due date for implementation** | **Review date for monitoring implemented control** |
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For use in conjunction with the [Health & Safety: Hazardous manual handling requirements](https://safety.unimelb.edu.au/__data/assets/pdf_file/0009/4682880/health-and-safety-hazardous-manual-handling-requirements.pdf)*.*

For further information, refer to <https://safety.unimelb.edu.au/safety-topics/management-systems/implement>