



MANUAL HANDLING RISK ASSESSMENT

(Adapted from the Worksafe Australia & WorkCover NSW Manual Handling Risk Assessment Checklist)

This checklist is provided to assist the assessment of manual handling risks. It should be used as a guide when assessing a manual handling task, and is to be used by volunteers under supervision by Club/Zone Executive and/or Safety Officers.

- Place a tick in either the "Yes" or "No" boxes for each and every question. "No" includes "not applicable".
- Answering "Yes" to any of the following questions indicates an increased manual handling risk.
- "Suggested control options" should only be seen as a preliminary brainstorming activity, prior to the process of Risk Control.
- Where possible, the supervisor may be able to take appropriate action to follow-up recommendations arising from this assessment.

Description of Work Location:	
Description of Task:	
Date:	
Assessed by:	
Volunteers consulted:	

A ACTIONS & MOVEMENTS

1.	Is the load shared unevenly between both hands, or lifted by one hand only?	[] Yes	[] No
2.	Is the object pushed or pulled across the front of the body?	[] Yes	[] No
3.	Is there frequent or prolonged sideways backward or forward bending of the neck or back?	[] Yes	[] No
4.	Is there frequent or prolonged twisting or neck and back to lift an object or to exert force?	[] Yes	[] No
5.	Are two back movements performed at the same time?	[] Yes	[] No
6.	Are several tasks performed in the one position, where some are best done in a seated position and the other are best done in a standing position?	[] Yes	[] No

Suggested Control Options:

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B WORKPLACE AND WORKSTATION LAYOUT

7.	Is the layout inappropriate for the manual handling task and the physical dimensions of the employees performing the task?	[] Yes	[] No
8.	Is there inadequate space for all movements involved in the manual handling task?	[] Yes	[] No
9.	Is there an absence of appropriate mechanical handling aids for the task?	[] Yes	[] No

10.	Having regard to the various heights of the employees concerned, are the working heights involved inflexible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Is there inadequate clear space for moving legs and feet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Do the different manual handling tasks performed by one person involve excessive movement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Suggested Control Options:

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C WORKING POSTURE AND POSITION

13.	Is the object presented to the employee in a position which makes it difficult to reach or grasp?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	When sitting is the task performed: a) Below elbow level or above chest height? b) For prolonged periods?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
15.	When standing is the task performed: a) Below waist level or above shoulder height? b) For prolonged periods?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
16.	Is the employee working: a) In an awkward position? (bent or cramped position) b) For prolonged periods?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
17.	Does the employee maintain a fixed position when working? e.g. sitting at a keyboard	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18.	Is a chair required for the task? If yes: a) Is the seat uncomfortable? b) Is the seat height fixed? c) Is the back rest fixed? d) Is there insufficient leg room?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
19.	Does the employee stand to perform the job? If yes: a) Does the employee work without a footrest? b) Is the floor surface unsafe? (i.e. wet, uneven)	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No

Suggested Control Options:

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D WEIGHTS AND FORCES

20.	When sliding, pulling or pushing an object, is the object difficult to move?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	If the task is performed whilst seated, does it involve lifts greater than 4.5 kg?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	Is one-handed lifting/carrying of more than 4.5kg required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23.	Does the task involve an individual employee lifting, lowering or carrying loads exceeding 55kgs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24.	Is the employee required to push/pull while seated without having good seating and solid foot support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

25.	Is the employee who is required to lift or carry more than 16kgs, under 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Suggested Control Options:

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E CHARACTERISTICS OF LOAD AND EQUIPMENT

26.	Where the "object" concerned is a person:		
	a) Might the person need to be moved in a special way to ensure their health & safety?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) Might the person be disturbed, excited or be moving vigorously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27.	Is the object an awkward shape to carry in a balanced posture?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28.	Is the object difficult to grasp or hold safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.	Is the object unstable or unbalanced, or does it have contents that may move suddenly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30.	Is the object smooth, slippery, greasy or wet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.	Does the object have sharp edges or protrusions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32.	Is the object very hot or cold?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.	Does the object block the view of the employee while being handled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34.	Does one person handle sheet material or other large sized loads without straps, special holders or a second person to assist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35.	Is the object more than 50cm wide (measured in direction across the body)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36.	Is the object difficult to lift or carry close to the body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Suggested Control Options:

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F WORK ORGANISATION

37.	Do bottlenecks, or sudden changes or delays to flow of materials affect the work frequency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38.	Is the work affected by the unavailability of people to complete tasks within a deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39.	Is team handling not provided and/or safely organised when required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40.	Are there insufficient numbers of employees to carry out the work including where peak workloads occur?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41.	Is there lack of an effective maintenance program for tools, plant and equipment used for manual handling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
42.	Are procedures for reporting and fixing unsafe equipment or environmental conditions inadequate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
43.	Is the workflow not smooth and even?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

44.	Is there a lack of effective selection/purchasing, instruction and maintenance programs for loads, equipment and mechanical handling devices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Suggested Control Options:

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G WORK ENVIRONMENT

45.	Are the floors and surfaces underfoot uneven or slippery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46.	Are there different floor levels in the workplace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47.	Is the workplace untidy with a lack of attention to housekeeping details?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48.	Are there extremes of heat, cold, wind or humidity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49.	Are there high levels of fumes, dusts, gases or vapours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50.	Is there excessive vibration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51.	Is the task performed in a confined space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52.	Is the lighting considered inadequate for safe manual handling activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53.	Are stairs, ladders, steps poorly maintained, e.g. difficult access to cabins, storage areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Suggested Control Options:

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H SKILLS AND EXPERIENCE

54.	Are the demands of the task beyond the physical capacity of the employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55.	For heavy manual handling tasks, does the employee lack experience with manual handling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
56.	Is the employee inexperienced and or untrained in:		
	a) recognising manual handling risks &/or	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) in applying safe manual handling techniques?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
57.	Is the employee's awareness of general safe job practices inadequate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
58.	Where team handling is required, is it made unsafe by employees being of different heights, sizes or lifting capabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Suggested Control Options:

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I DURATION AND FREQUENCY OF MANUAL HANDLING

59.	Is the task performed quickly and for prolonged periods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Suggested Control Options:

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J LOCATION OF LOADS AND DISTANCES MOVED

60.	Is the load required to be carried more than 5 metres?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61.	Is the load picked up or put down: a) above shoulder height b) below mid-thigh height	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No

Suggested Control Options:

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K CLOTHING

62.	If protective clothing is worn, does it interfere with safe manual handling? E.g. gloves too big, goggles distorting vision, heavy apparel/apparatus.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
63.	Does the employee's work clothing interfere with optimal manual handling techniques?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Suggested Control Options:

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L AGE

64.	Are the ages of employees involved in this task, a factor to be taken into consideration in assessing risks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Suggested Control Options:

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M SPECIAL NEEDS

65.	Has the employee had a previous condition/injury/illness which affects their work capacity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
66.	Is the employee: a) New to the task? b) Returning from leave?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
67.	Are the demands of the task beyond the physical capacity of the employee? i.e. a) Lifting capacity? b) Heart and lung capacity? c) Body size/physical?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No

Suggested Control Options:

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N OTHER RELEVANT FACTORS

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RISK DETERMINATION

Likelihood: _____

Consequence: _____

Risk: _____

RISK CONTROLS

Elimination Can the manual handling task be eliminated? For example, redesign work activity, object or working environment.	
Substitution Can the hazard be substituted with one that gives rise to a lesser risk? For example, reduce load size and shape.	
Isolation Can the hazard be isolated from the worker at risk? For example, remote manual handling techniques.	
Engineering Can engineering controls be used? For example, modify equipment or provide mechanical aids.	
Administration Can administrative controls be used? For example, change work practice, implement job rotation, training, develop/implement safe work procedure.	
PPE What PPE could be used to reduce the risks? For example, use gloves to improve handling of load.	

<p>Step 1 – Consider the Consequences What are the consequences of this incident occurring? Consider what <u>could reasonably</u> have happened as well as what actually happened. Look at the descriptions and choose the most suitable Consequence.</p>		<p>Step 2 – Consider the Likelihood What is the likelihood of the consequence identified in step 1 happening? Consider this without new or interim controls in place. Look at the descriptions and choose the most suitable Likelihood.</p>		<p>Step 3 – Calculate the Risk 1. Take step 1 rating and select the correct column 2. Take Step 2 rating and select the correct line 3. Circle the risk score where the two ratings cross on the matrix below. E = Extreme, H = High, M = Medium, L = Low, N = Negligible</p>					
CONSEQUENCES		LIKELIHOOD		CONSEQUENCES					
Consequence	Description	Likelihood	Description		Severe	Major	Mod	Minor	
Severe	Death or extensive injuries	A	The event is expected to occur	LIKELIHOOD	A	E	E	H	M
Major	Medical treatment	B	The event is likely to occur in most circumstances		B	E	H	M	M
Moderate	First aid treatment	C	The event could occur sometime		C	H	M	M	L
Minor	No treatment, report only	D	The event may occur, but probably never will		D	M	M	L	N