**attachment 94**

Manual Handling Risk Assessment Checklists

**Recommended Instructions**

1 Complete this template in consultation with relevant employees whenever there is hazardous manual handling that may need review. Note that the OHS Regulations 2007 relating to manual handling state
that hazardous manual handling may involve any of the following characteristics:

 • Repetitive or sustained application of force,

 • Repetitive or sustained awkward posture,

 • Repetitive or sustained movement,

 • Application of high force,

 • Exposure to sustained vibration,

 • Manual handling of live persons or animals,

 • Manual handling of unstable or unbalance loads,

 • Manual handling of loads which are difficult to grasp or hold.

2 Consistent with the Hazard Management Steps or Processes, outlined in section 9.5, above, some
methods that should be considered when identifying tasks involving hazardous manual handling are:

 • Looking at injury records to identify tasks where musculoskeletal injuries are occurring.

 • Consulting with the employees and health and safety representatives about tasks that are difficult
or awkward to carry out.

 • Observing the tasks, recording the observations and what we know about how the task is done.

3 The OHS Regulations 2007 require the employer, in consultation with employees who complete the task,
to use this assessment template, or have equivalent processes in place to reduce this risk of manual handling injuries, whenever:

 • There is a proposed alteration to objects or to systems of work that include change in the place where
task undertaken

 • Before an object used in manual handling task is used for another purpose

 • New or additional information available to employer

 • MSD in a workplace

 • After notifiable incident to WorkSafe Victoria (Part 5 of the Act)

 • For any other reason, if risk control measures not adequate

 • Request from HSR (reasonable grounds).

4 Ensure corrective action is tracked in Employer Management monthly meetings.

5 Where the employer is not sure of what to do, please follow guidance in Service OHS Issue
Resolution Procedure.

Information sourced from WorkSafe Victoria’s Code of Practice (2000).

**ASSESSING and CONTROLLING MANUAL HANDLING RISK**

Location of task: …………………………………………………………. Date of assessment: ……………………...

Description of manual handling task: …………………………………………………………………………………….

**Persons doing assessment**

Work area management representative: ………………………………………………………………………………..

Work area H&S representative: ………………………………………………………………………………………….

Others (employees, consultants): ………………………………………………………………………………………..

**Reason for identification**

🞏 Existing task 🞏 Change in task, object or tool 🞏 Report of musculoskeletal disorder

🞏 New task 🞏 New information

The Occupational Health and Safety (Manual Handling) Regulations 1999 require Victorian employers
to assess the risk of any hazardous manual handling found in the workplace and put effective measures
in place to:

• Prevent injury by eliminating the risk

• Where elimination is not practicable, reduce the risk of injury as much as practicable

**How to use this worksheet**

Follow the worksheet step by step and refer to the Manual Handling Code of Practice 2000 (COP) as indicated
on the worksheet to:

• Assess tasks in the workplace involving hazardous manual handling – Refer COP Section 12.2 to 12.3

• List appropriate risk control measures – Refer COP Section 13.2 to 13.5

• Implement those measures – Refer COP Section 13.6 to 13.7

***Consult with the relevant health and safety representatives and where possible, also involve the employees who do the tasks, when assessing the tasks and planning and introducing risk controls.***

This worksheet can be downloaded from the WorkSafe Victoria website at www.worksafe.vic.gov.au, if you wish to store records electronically or tailor it to your needs. The Code of Practice is also available at this website or can be ordered from WorkSafe Victoria publications on (03) 9641 1333.

|  |  |
| --- | --- |
| **Record your assessment!** You must retain your risk assessment if it shows a risk of injury. | **Control any risk!** This worksheet provides general guidelines only. Some employees may still be at risk of injury because manual handling occurs in a variety of tasks and workplace situations, and injury may be caused by a number of factors. It is important, as far as practicable, to control any risk you find. |

**RISK ASSESSMENT**

**Step 1A – Does the task involve repetitive or sustained postures, movements or forces?**

Refer to COP Section 12.2

Tick yes if the task requires any of the following actions to be done more than twice a minute (repetitive)
or more than 30 seconds at a time (sustained).

|  |  |  |
| --- | --- | --- |
|  |  Yes  | Comments (i.e. when and where is it happening?) |
| Postures and movements |  |  |
| Bending the back forwards 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 shoulder height |  |  |
| Reaching forwards or sideways more than 30cm from the body |  |  |
| Reaching behind the body |  |  |
| Squatting, kneeling, crawling, lying, semi-lying or jumping |  |  |
| Standing with most of the body’s weight on one leg |  |  |

|  |  |  |
| --- | --- | --- |
| Twisting, turning, grabbing, picking or wringing actions with the fingers, hands or arms |  |  |
| Working with the fingers close together or wide apart |  |  |
| Very fast movements |  |  |
| Excessive bending of the wrist |  |  |
| Forces |  |  |
| Lifting or lowering |  |  |
| Carrying with one hand or one side of the body |  |  |
| Exerting force with one hand or one side of the body |  |  |
| Pushing, pulling or dragging |  |  |
| Gripping with the fingers pinched together or held wide apart |  |  |
| Exerting force while in an awkward posture, e.g.,• Supporting• Moving items while legs  are in an awkward posture |  |  |
| Holding, supporting or restraining any object, person, animal or tool |  |  |

**Step 1B – Does the task involve long duration?**

Refer to COP Section 12.2

|  |  |  |
| --- | --- | --- |
|  |  Yes  | Comments (i.e. when and where is it happening?) |
| 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 |  |  |

**Step 2 – Does the task involve high force?**

Refer to COP Section 12.2

Tick yes if the task involves any of the following high force actions, even if force is applied only once.

|  |  |  |
| --- | --- | --- |
|  |  Yes  | Comments (i.e. when and where is it happening?) |
| Lifting, lowering or carrying 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) |  |  |
| Pushing or pulling objects that are hard to move or to stop (e.g. 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 to use 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 ***Refer to Step 1A for guidance on awkward postures*** |  |  |

**Step 2 *continued* – Consultation with employees**

Refer to COP Section 12.2

Tick yes if employees report any of the following about the task.

|  |  |  |
| --- | --- | --- |
|  |  Yes  | Comments (i.e. when and where is it happening?) |
| Twisting the back more than 20 degrees |  |  |
| 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 |  |  |

|  |  |  |
| --- | --- | --- |
| Employees say the task is physically very strenuous or difficult to do |  |  |

**RISK ASSESSMENT SUMMARY**

**Step 3 – Is there a risk?**

Refer to COP Section 12.2

|  |  |  |
| --- | --- | --- |
|  |  Yes  | Comments |
| Does the task involve repetitive or sustained postures, movements or forces, **and** long duration?Tick yes if you ticked any boxes in Step 1A **and** Step 1B. |  |  |
| Does the task involve high force? Tick yes if you ticked any box in Step 2. |  |  |
| If ‘yes’ for either or both of above questions, then the task is a risk. Risk control is required. |

**Step 4 – Are environmental factors increasing the risk?**

Refer to COP Section 12.2

Tick yes if any of the following environmental 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 working in hot conditions |  |  |
| Wearing thick clothing while working in cold conditions (e.g. gloves) |  |  |
| Handling very cold or frozen objects |  |  |
| Employees are working in hot conditions and are not used to it |  |  |

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

The report of a MSD associated with the task usually means increased risk so implementing risk controls should be a high priority.

|  |  |  |
| --- | --- | --- |
|  |  Yes  | Comments |
| Tick yes if any reports of MSD have been made |  |  |

If you found any risk of MSD, you must control it.

Generally, the more boxes you ticked in each section on this worksheet, the greater the risk.

If the assessment shows a risk of MSD, you must keep this record until the task is no longer done or if the task is changed and another assessment is done.

|  |
| --- |
| It may be helpful to sketch the task or attach photograph(s) here, and describe the task or area more fully. |

Please also complete Attachment 112 Manual Handling Risk Control Worksheet.