

## Hazard identification worksheet

Management Rep: \_\_\_\_\_ Health and safety Rep: \_\_\_\_\_

Date:     /     / 20

**Does the task involve hazardous manual handling? (Tick any of the following that apply to the task)**

Task	Repetitive or sustained Application of force	Repetitive or sustained awkward posture	Repetitive or sustained movement	Application of high force	Exposure to sustained vibration	Handling live people or animals	Handling loads that are unbalanced, unstable or difficult to grasp or hold
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you ticked one or more boxes for a particular task, you must do a risk assessment of that task.**

Hazardous manual handling must be identified for all existing and proposed task in your workplace. You must also identify hazardous manual Handling whenever changes occur in the workplace, or new information or reports of MSD are brought to your attention.

## MANUAL HANDLING RISK ASSESSMENT WORK SHEETS

### IS THERE A RISK?

	Yes	Comments
Does the task involve repetitive or sustained movement or forces, and long duration? <b>If yes, the task is a risk. Risk control is required.</b>		
Does the task involve high forces? <b>If yes, the task is a risk. Risk control is required.</b>		

### ARE ENVIRONMENTAL FACTORS INCREASING THE RISK?

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 the cold condition ( e.g. gloves )		
Handling very cold frozen objects		
Employees are working in hot condition and are not used to it		

**Sketch the task or attach a photograph, Here:**

Task: \_\_\_\_\_ Date:     /     / 20

Management rep: \_\_\_\_\_ Health and safety rep: \_\_\_\_\_

**What are the sources of risk?**

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**Can you eliminate part or the entire task?**

**Yes**

**How?**

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**No**

**Is it practicable to eliminate or reduce the risk by:**

- Altering the workplace
- Altering the environmental conditions
- Altering the systems of work

**Yes**

**How?**

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**How can you reduce the risk with information, instruction and training?**

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# RISK ASSESSMENT WORKSHEET

Task: \_\_\_\_\_

Date: \_\_\_\_\_

Management Rep: \_\_\_\_\_

Health and Safety Rep: \_\_\_\_\_

**Does the task involve repetitive or sustained posture, movements or forces?**

Tick yes if the task requires any of the following actions to be done more than 30 seconds at a time

	Yes	Comments
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 30 cm 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		
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		
Holding, supporting or restraining any object, person, animal or tool		

**Does the task involve long duration?**

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**

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**DOES THE TASK INVOLVE REPETITIVE OR SUSTAINED POSTURE, MOVEMENTS OR FORCES?**

Tick yes if the task requires any of the following actions to be done more than 30 seconds at a time?

	Yes	Comments
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 loads		
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		

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

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

## WHEN WILL THESE CONTROLS BE IMPLEMENTED?

### Short-term

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### Medium-term

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### Long-term

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### Who is responsible for making sure that it happens?

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### How do you know the risk controls work?

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