

ASSESSING & CONTROLLING RISKS FROM MANUAL TASKS

Assessment details

Location of task:	
Description of manual task:	
Date of assessment:	

Persons doing assessment:

Work area management rep:	
Work area H&S rep:	
Others (employees, consultants):	

Reason for identification:

<input type="checkbox"/> Existing task	<input type="checkbox"/> Change in task, object or tool	<input type="checkbox"/> Report of musculoskeletal disorder (MSD)
<input type="checkbox"/> New task	<input type="checkbox"/> New information	<input type="checkbox"/> Change in the workplace/ work environment

The *National Standard for Manual Tasks (2007)* requires duty holders to assess the risk of any hazardous manual tasks found in the workplace and put effective measures in place to:

- > prevent injury by eliminating the risk
- > where elimination is not reasonably practicable, reduce the risk of injury as far as is reasonably practicable

How to use this worksheet

Follow the worksheet step by step and refer to the *National Code of Practice for the Prevention of Musculoskeletal Disorders from Performing Manual Tasks at Work (2007)* (COP) as indicated on the worksheet to:

- > assess tasks in the workplace involving hazardous manual tasks – **Refer to COP Section 6.3**
- > determine the sources of risk – **Refer to COP Section 6.3**
- > list appropriate risk control measures – **Refer to COP Section 6.4**
- > implement those measures – **Refer COP to Section 6.4**

You are required to 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 and the Code of Practice can be downloaded from the ASCC website **at www.ascc.gov.au**

Record your assessment! – It is recommended that you retain your risk assessment if it shows a risk of injury.

Control any risk! – This worksheet provides general guidelines only. Some workers 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 is reasonably practicable, to control any risk you find.

ASSESSING & CONTROLLING RISKS FROM MANUAL TASKS

Question 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

- > repetitively (done more than twice a minute) OR
- > sustained (done for more than 30 seconds at a time)

Postures and movements	Yes	Page	Comments (ie. when and where is it happening? What is causing it – what is/are the source(s) of the risk ?)
Bending the back forwards or sideways more than 20 degrees	<input type="checkbox"/>	41	
Twisting the back more than 20 degrees	<input type="checkbox"/>	41	
Any visible backward bending	<input type="checkbox"/>	41	
Bending the head forwards or sideways more than 20 degrees	<input type="checkbox"/>	41	
Any visible bending of the head backwards	<input type="checkbox"/>	41	
Twisting the neck more than 20 degrees	<input type="checkbox"/>	41	
Working with one or both hands above shoulder height	<input type="checkbox"/>	41	
Reaching forwards or sideways more than 30 cm from the body	<input type="checkbox"/>	41	
Reaching behind the body	<input type="checkbox"/>	41	

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Postures and movements	Yes	Page	Comments (ie. when and where is it happening? What is causing it – what is/are the source(s) of the risk ?)
Squatting, kneeling, crawling, lying, semi-lying or jumping	<input type="checkbox"/>	41	
Standing with most of the body's weight on one leg	<input type="checkbox"/>	41	
Twisting, turning, grabbing, picking or wringing actions with the fingers, hands or arms	<input type="checkbox"/>	41	
Working with the fingers close together or wide apart	<input type="checkbox"/>	41	
Very fast movements	<input type="checkbox"/>	41	
Bending of the wrist beyond the angle indicated on page 40 of the Code of Practice	<input type="checkbox"/>	41	
Forces			
Lifting, lowering or carrying	<input type="checkbox"/>	43	
Carrying with one hand or one side of the body	<input type="checkbox"/>	43	
Exerting force with one hand or one side of the body	<input type="checkbox"/>	43	

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Forces	Yes	Page	Comments (ie. when and where is it happening? What is causing it – what is/are the source(s) of the risk ?)
Pushing, pulling or dragging	<input type="checkbox"/>	43	
Gripping with the fingers pinched together or held wide apart	<input type="checkbox"/>	43	
Using a finger grip, pinch grip, or an open handed grip to handle a load	<input type="checkbox"/>	43	
Exerting force while in an awkward posture, for example, supporting items while arms or shoulders are in an awkward posture, or moving items while legs are in an awkward posture	<input type="checkbox"/>	43	
Holding, supporting or restraining any object, person, animal or tool	<input type="checkbox"/>	43	

Question 2 – Does the task involve long duration?

Tick **yes** if the task is done for:

	Yes	Page	Comments (ie. when and where is it happening? What is causing it – what is/are the source(s) of the risk ?)
More than 2 hours over a whole shift, OR Continually for more than 60 minutes at a time	<input type="checkbox"/>	43	

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Question 3 – Does the task involve high force?

Tick **yes** if the task involves any high force actions

High forces	Yes	Page	Comments (ie. when and where is it happening? What is causing it – what is/are the source(s) of the risk ?)
Lifting, lowering or carrying heavy loads	<input type="checkbox"/>	45	
Pushing or pulling objects that are hard to move or are hard to stop (e.g. a trolley)	<input type="checkbox"/>	45	
Using a finger-grip, a pinch-grip or an open-handed grip to handle a heavy or large load	<input type="checkbox"/>	45	
Exerting force at the limit of the grip span	<input type="checkbox"/>	45	
Needing to use two hands to operate a tool designed for one hand	<input type="checkbox"/>	45	
Holding, supporting or restraining a person, animal or heavy object	<input type="checkbox"/>	45	
Exerting force with the non-preferred hand	<input type="checkbox"/>	45	
Two or more people need to be assigned to handle a heavy or bulky load	<input type="checkbox"/>	45	
During the application of high force, the body is in a bent, twisted or otherwise awkward posture	<input type="checkbox"/>	45	

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High forces	Yes	Page	Comments (ie. when and where is it happening? What is causing it – what is/are the source(s) of the risk ?)
Applying force suddenly in response to unexpected forces (for example, when an animal suddenly moves)	<input type="checkbox"/>	45	
Hitting or kicking	<input type="checkbox"/>	45	
Holding, supporting or restraining a person or animal likely to move unexpectedly	<input type="checkbox"/>	45	
Throwing or catching	<input type="checkbox"/>	45	
Jumping while holding a load	<input type="checkbox"/>	45	

Tick **yes** if workers report any of the following about the task

The task can only be done for short periods	<input type="checkbox"/>	46	
Pain or significant discomfort during or after the task	<input type="checkbox"/>	46	
Stronger workers are assigned to do the task	<input type="checkbox"/>	46	
Workers think the task should be done by more than one person, or seek help to do the task	<input type="checkbox"/>	46	
Workers say the task is physically very strenuous or difficult to do	<input type="checkbox"/>	46	

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Question 4 – Is there a risk?

Does the task involve repetitive or sustained postures, movements or forces, AND long duration?

Tick **yes** if you ticked any boxes in Question 1 AND Question 2

The task is a risk. Risk control is required.

Does the task involve high force?

Tick **yes** if you ticked any box in Question 3

The task is a risk. Risk control is required.

Question 5 – Are aspects of the work environment or the way work is organised increasing the risk?

Tick **yes** if the task involves:

Vibration	Yes	Page	Comments (ie. when and where is it happening? What is causing it – what is/are the source(s) of the risk ?)
Hand-arm vibration	<input type="checkbox"/>	48	
Whole-body vibration	<input type="checkbox"/>	48	
Thermal environment			
Low temperatures (for example, in cool rooms, cold stores, or working outside in cold weather)	<input type="checkbox"/>	49	
Wearing thick clothing that restricts movement while working in cold conditions (e.g. gloves)	<input type="checkbox"/>	49	
Handling very cold or frozen objects	<input type="checkbox"/>	49	
High air temperatures (for example, in foundries, laundries, kitchens, manufacturing processes which generate heat, or working outside in hot weather)	<input type="checkbox"/>	49	

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Thermal environment	Yes	Page	Comments (ie. when and where is it happening? What is causing it – what is/are the source(s) of the risk ?)
Radiant heat (for example, from the sun, or from processes such as smelting or plastics extrusion)	<input type="checkbox"/>	49	
Wearing heavy protective clothing while working in hot conditions	<input type="checkbox"/>	49	
Workers are working in hot conditions and they are not used to it	<input type="checkbox"/>	49	
High humidity caused by the weather or processes such as steam cleaning	<input type="checkbox"/>	49	
Windy conditions, combined with hot or cold weather	<input type="checkbox"/>	49	
Handling large objects in windy conditions	<input type="checkbox"/>	49	
Wind chill caused by exposure to wind in low temperatures	<input type="checkbox"/>	49	
Work organisation and work practices			
The work rate is set by a machine or the team are not under the worker's control	<input type="checkbox"/>	50	
Systems of work, such as piecework, that encourage workers to skip breaks to finish early, or to produce more items in the set time.	<input type="checkbox"/>	50	

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Work organisation and work practices	Yes	Page	Comments (ie. when and where is it happening? What is causing it – what is/are the source(s) of the risk ?)
Levels of work demand that workers find difficult to keep up with (pace)	<input type="checkbox"/>	50	
Sustained high levels of attention and concentration	<input type="checkbox"/>	50	
Systems of work that offers the worker little or no control over the way they do their work	<input type="checkbox"/>	50	
Workers frequently needing to meet tight deadlines	<input type="checkbox"/>	50	
Sudden changes in workload, or seasonal changes in volume without any mechanisms for dealing with the change	<input type="checkbox"/>	50	
Levels of physical work demand that workers find difficult to maintain (effort)	<input type="checkbox"/>	50	

Tick **yes** if workers:

Feel that guidance and resources provided by their supervisors or co-workers should be increased so that they can perform their work to the required standard	<input type="checkbox"/>	50	
Feel that they have not been given sufficient training and information by their employers in order to carry out their job successfully	<input type="checkbox"/>	50	

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

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

Tick **yes** if any reports of MSD have been made

Provide comments here. It may be helpful to sketch the task or attach a photograph, and describe the task or area more fully.

If you found any risk of MSD, you must control it as far as is reasonably practicable.

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 should keep this record until the task is no longer done or if the task is changed and another assessment is done.

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Risk Control

Any risk of MSD must be eliminated or controlled as far as reasonably practicable.

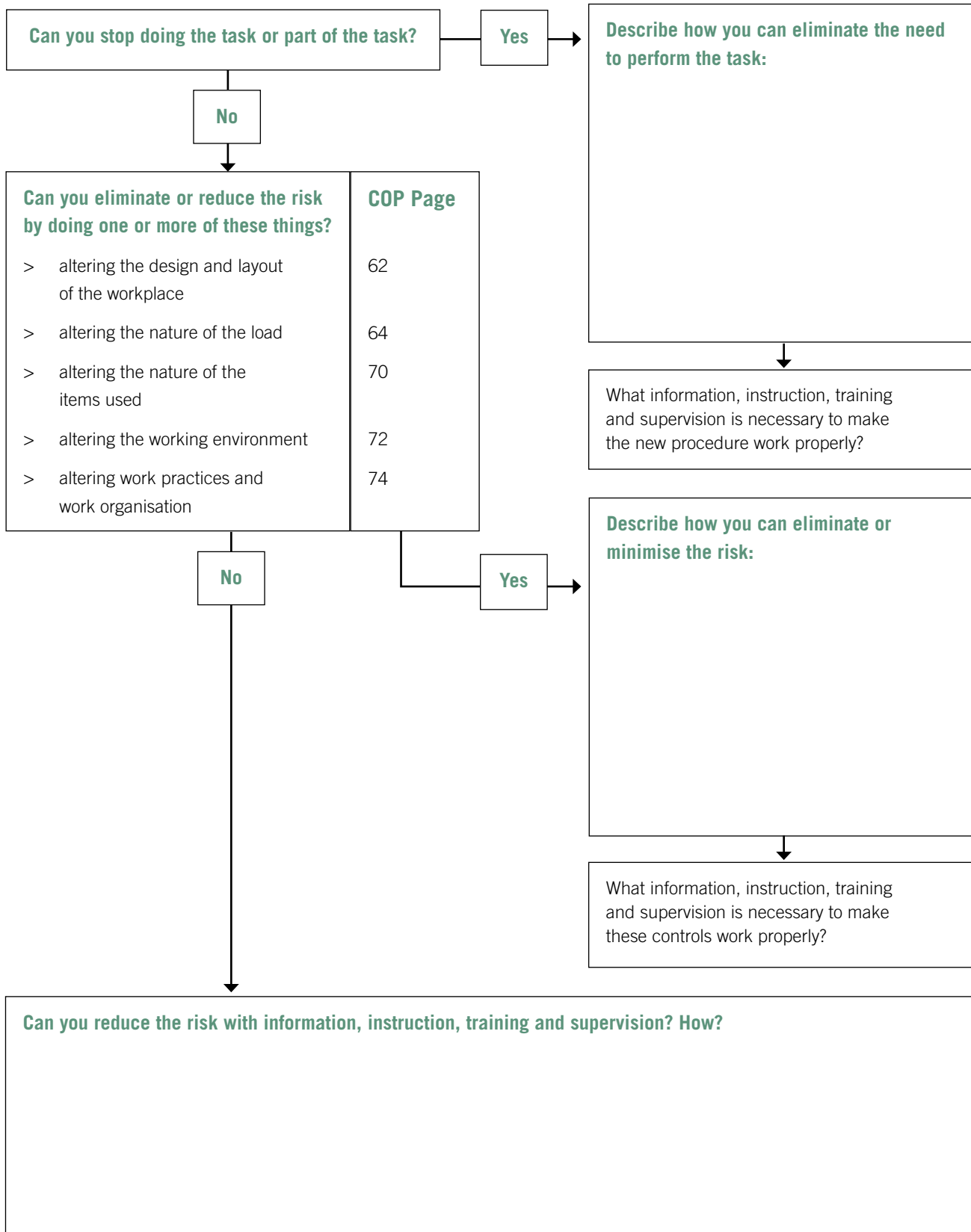
Refer COP Section 6.4 for detailed guidance on ways to control risk of MSD. The report of a MSD associated with the task usually means increased risk so implementing risk controls should be a high priority.

Task:	
Date:	
Persons considering controls	
Work area management rep	
Work area H&S rep:	
Others (employees, consultants):	
What are the sources of risk?	
What needs to be fixed to eliminate or reduce the risk for each factor ticked in Question 1, 2, 3 and 5?	

Risk Control

How are you going to fix the problems?

You may need to use a combination of risk controls to eliminate or minimise the risk as far as reasonably practicable.



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Implementing Risk Controls

Task:	Date prepared:
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When will these controls be implemented?

Short-term (immediately to within a few weeks)				
<i>Action required</i>	<i>Person responsible</i>	<i>Completion date</i>	<i>Reviewed date</i>	<i>Action completed</i>
Medium-term (within a few weeks to a couple of months)				
<i>Action required</i>	<i>Person responsible</i>	<i>Completion date</i>	<i>Reviewed date</i>	<i>Action completed</i>
Long-term (within several months)				
<i>Action required</i>	<i>Person responsible</i>	<i>Completion date</i>	<i>Reviewed date</i>	<i>Action completed</i>