

Risk Assessment – Manual Handling

Muscular/Skeletal Injury

Name:		Date:	
Division/Location:		Activity:	

'X' yes if the task requires any of the following actions to be done more than twice a minute or for more than 30 seconds at a time.

Activity	Yes	No	Comment
Bending the back forwards or sideways more than 20 degrees	<input type="checkbox"/>	<input type="checkbox"/>	
Twisting the back more than 20 degrees	<input type="checkbox"/>	<input type="checkbox"/>	
Backward bending of the back more than 5 degrees	<input type="checkbox"/>	<input type="checkbox"/>	
Bending the head forwards or sideways more than 20 degrees.	<input type="checkbox"/>	<input type="checkbox"/>	
Twisting the neck more than 20 degrees	<input type="checkbox"/>	<input type="checkbox"/>	
Bending the head backwards more than 5 degrees	<input type="checkbox"/>	<input type="checkbox"/>	
Working with one or both hands above shoulder height	<input type="checkbox"/>	<input type="checkbox"/>	
Working with one or both hands above shoulder height	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching forwards or sideways more than 30cm from the body	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching behind the body	<input type="checkbox"/>	<input type="checkbox"/>	
Squatting, kneeling, crawling, lying, semi-lying or jumping	<input type="checkbox"/>	<input type="checkbox"/>	
Standing with most of the body's weight on one leg	<input type="checkbox"/>	<input type="checkbox"/>	
Twisting, turning, grabbing, picking, or wringing actions with the fingers, hands or arms	<input type="checkbox"/>	<input type="checkbox"/>	
Working with the fingers close together or wide apart	<input type="checkbox"/>	<input type="checkbox"/>	
Very fast movements	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive bending of the wrist	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting or lowering	<input type="checkbox"/>	<input type="checkbox"/>	
Carrying with one hand or one side of the body	<input type="checkbox"/>	<input type="checkbox"/>	

Activity	Yes	No	Comment
Exerting force with one hand or one side of the body	<input type="checkbox"/>	<input type="checkbox"/>	
Pushing pulling or dragging	<input type="checkbox"/>	<input type="checkbox"/>	
Gripping with the fingers pinched together or held wide apart	<input type="checkbox"/>	<input type="checkbox"/>	
Does the task involve long duration?	<input type="checkbox"/>	<input type="checkbox"/>	
Exerting force while in an awkward posture	<input type="checkbox"/>	<input type="checkbox"/>	
Holding, supporting, or restraining any object, person, animal or tool	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	
Does the task involve repetitive or sustained postures, movements, or forces?	<input type="checkbox"/>	<input type="checkbox"/>	
For example, bending or twisting the body, neck, arms, or wrists, reaching, lifting, pushing, pulling, carrying, very fast movements, or exerting force while in an awkward posture.	<input type="checkbox"/>	<input type="checkbox"/>	
Does the task involve long duration?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the task done for more than 2 hours over a whole shift or continually for more than 30 minutes at a time?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the task involve high force?	<input type="checkbox"/>	<input type="checkbox"/>	
For example, lifting, lowering or carrying heavy loads, sudden or unexpected forces, pushing or pulling objects that are hard to move, exerting force at the limit of the grip span, or the task is difficult to do	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a risk?	<input type="checkbox"/>	<input type="checkbox"/>	
Are environmental factors increasing the risk?	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			

The National Standard for Manual Handling requires an employer to establish the most effective and workable control measures.

Risk Control should include the following (hierarchy of importance):

- Eliminate the Manual Handling task



- Re-Design the task to eliminate or control the identified risk
- Provide a mechanical aid to reduce the Manual Handling risk
- Provide appropriate training on safe manual handling and correct use of mechanical aids
- Administrative control such as job rotation

Risk Controls for the activity

Assessment	Discussion	Control Options
Conclusion		

Name (Print):

Date:

Signature: