

# ASSESSING AND CONTROLLING MANUAL HANDLING RISK

Location of task:

Description of manual handling task:

Date of assessment:

## ***Persons doing assessment:***

Work area management rep:

Work area H&S rep (or deputy):

Others (employees, consultants):

## ***Reason for identification:***

Existing task

Change in task, object or tool

Report of musculoskeletal disorder (MSD)

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 No. 25, 2000 (COP) as indicated on the worksheet to:

- assess tasks in the workplace involving hazardous manual handling – **refer COP Sections 12.2 to 12.3**
- list appropriate risk control measures – **refer COP Sections 13.2 to 13.5**
- implement those measures – **refer COP Sections 13.6 to 13.7**

*Consult with the relevant employees, health and safety representatives or deputy health and safety representatives when assessing the tasks and planning and introducing risk controls.*

This worksheet can be downloaded from the VWA website at [www.workcover.vic.gov.au](http://www.workcover.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 VWA publications on (03) 9641 1333.

## ***Record your assessment! Control any risk!***

**You must retain your risk assessment if it shows a risk of injury.**

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 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).

Postures and movements	Yes	Comments (ie. when and where is it happening?)
Bending the back forwards or sideways more than 20 degrees	<input type="checkbox"/>	
Twisting the back more than 20 degrees	<input type="checkbox"/>	
Backward bending of the back more than 5 degrees	<input type="checkbox"/>	
Bending the head forwards or sideways more than 20 degrees	<input type="checkbox"/>	
Twisting the neck more than 20 degrees	<input type="checkbox"/>	
Bending the head backwards more than 5 degrees	<input type="checkbox"/>	
Working with one or both hands above shoulder height	<input type="checkbox"/>	
Reaching forwards or sideways more than 30 cm from the body	<input type="checkbox"/>	
Reaching behind the body	<input type="checkbox"/>	
Squatting, kneeling, crawling, lying, semi-lying or jumping	<input type="checkbox"/>	
Standing with most of the body's weight on one leg	<input type="checkbox"/>	
Twisting, turning, grabbing, picking or wringing actions with the fingers, hands or arms	<input type="checkbox"/>	
Working with the fingers close together or wide apart	<input type="checkbox"/>	
Very fast movements	<input type="checkbox"/>	
Excessive bending of the wrist	<input type="checkbox"/>	
<b>Forces</b>		
Lifting or lowering	<input type="checkbox"/>	
Carrying with one hand or one side of the body	<input type="checkbox"/>	
Exerting force with one hand or one side of the body	<input type="checkbox"/>	
Pushing, pulling or dragging	<input type="checkbox"/>	
Gripping with the fingers pinched together or held wide apart	<input type="checkbox"/>	
Exerting force while in an awkward posture, e.g.,	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>• supporting items while arms or shoulders are in an awkward posture</li> <li>• moving items while legs are in an awkward posture</li> </ul>		
Holding, supporting or restraining any object, person, animal or tool	<input type="checkbox"/>	

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

Refer COP Section 12.2

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"/>	
--------------------------	--

# RISK ASSESSMENT

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

Refer 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 (eg., when and where is it happening?)
Lifting, lowering or carrying heavy loads	<input type="checkbox"/>	
Applying uneven, fast or jerky forces during lifting, carrying, pushing or pulling	<input type="checkbox"/>	
Applying sudden or unexpected forces (e.g. when handling a person or animal)	<input type="checkbox"/>	
Pushing or pulling objects that are hard to move or to stop (e.g. a trolley)	<input type="checkbox"/>	
Using a finger-grip, a pinch-grip or an open-handed grip to handle a heavy or large load	<input type="checkbox"/>	
Exerting force at the limit of the grip span	<input type="checkbox"/>	
Needing to use two hands to operate a tool designed for one hand	<input type="checkbox"/>	
Throwing or catching	<input type="checkbox"/>	
Hitting or kicking	<input type="checkbox"/>	
Holding, supporting or restraining a person, animal or heavy object	<input type="checkbox"/>	
Jumping while holding a load	<input type="checkbox"/>	
Exerting force with the non-preferred hand	<input type="checkbox"/>	
Two or more people need to be assigned to handle a heavy or bulky load	<input type="checkbox"/>	
Exerting high force while in an awkward posture <b>Refer to Step 1a for guidance on awkward postures</b>	<input type="checkbox"/>	

## Tick **yes** if employees report any of the following about the task

Refer COP Section 12.2

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

# RISK ASSESSMENT

## Step 3 – Is there a risk?

Refer COP Section 12.2

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

	Yes	Comments
Tick <b>yes</b> if you ticked any boxes in Step 1a <b>AND</b> Step 1b	<input type="checkbox"/>	<input type="text"/>

**The task is a risk. Risk control is required.**

Does the task involve high force?

	Yes	Comments
Tick <b>yes</b> if you ticked <b>any</b> box in Step 2	<input type="checkbox"/>	<input type="text"/>

**The task is a risk. Risk control is required.**

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

Refer 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)	<input type="checkbox"/>	<input type="text"/>
High temperatures	<input type="checkbox"/>	<input type="text"/>
Radiant heat	<input type="checkbox"/>	<input type="text"/>
High humidity	<input type="checkbox"/>	<input type="text"/>
Low temperatures	<input type="checkbox"/>	<input type="text"/>
Wearing protective clothing while working in hot conditions	<input type="checkbox"/>	<input type="text"/>
Wearing thick clothing while working in cold conditions (e.g. gloves)	<input type="checkbox"/>	<input type="text"/>
Handling very cold or frozen objects	<input type="checkbox"/>	<input type="text"/>
Employees are working in hot conditions and are not used to it	<input type="checkbox"/>	<input type="text"/>

## 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 <b>yes</b> if any reports of MSD have been made	<input type="checkbox"/>	<input type="text"/>

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

**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.**

# RISK CONTROL

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

**Refer to COP Section 13 for detailed guidance on ways to control risk of MSD**

Task:

Date:

## Persons considering controls

Work area management rep:

Work area H&S rep (or deputy):

Others (employees, consultants):

## What are the sources of risk?

**Refer COP Section 13.3**

What needs to be fixed to eliminate or reduce the risk for each factor ticked in Step 1, 2 and 4?

## How to fix the problems?

You may need to use a combination of risk controls to decrease risk as far as practicable.

**PLANNING RISK CONTROLS**

Can you stop doing the task or part of the task to eliminate the risk ?

Yes

How?

No – or only part

Can you eliminate or reduce the risk by doing one or more of these things?

- altering the workplace
- altering the environmental conditions
- altering the systems of work
- changing the objects used in the task, or
- using mechanical aids

**Refer COP Section 13.5**

Yes

How?

No

What information, instruction, training and supervision is necessary to make these controls work properly?

Can you reduce the risk with information, instruction, training and supervision? How?

# IMPLEMENTING RISK CONTROLS

**TASK:**

Date prepared:

COP Sections 13.6 -13.7

*When will these controls be implemented?*

**Short-term (immediately to within a few weeks)**

Action required	Person responsible	Completion date	Reviewed date	Action completed

**Medium-term (within a few weeks to a couple of months)**

Action required	Person responsible	Completion date	Reviewed date	Action completed

**Long-term (within several months)**

Action required	Person responsible	Completion date	Reviewed date	Action completed

Issued by the Ergonomics Unit

WorkSafe Victoria, GPO Box 4306, Melbourne 3001 Tel. (03) 9641 1555 Email: manual\_handling@workcover.vic.gov.au Website www.workcover.vic.gov.au

WorkSafe Victoria is a division of the Victorian WorkCover Authority

VWA540/02/06.05