

## Manual Handling/Manual Tasks Checklist

**Instruction:** Complete for all manual tasks in consultation with workers undertaking the task.

<b>Date checklist completed</b>		<b>Date for review</b>	
<b>Name of person completing checklist</b>			
<b>Position title:</b>		<b>Company:</b>	
<b>Task name</b>		<b>Person performing task</b>	
<b>Task description</b>			
<b>Location task undertaken</b>			

Manual Tasks Risk Factors	YES	NO	Comments [describe what the person is doing]  (ie when and where is it happening? What is causing it — what is/are the source(s) of the risk?)
	<b>Question 1 — Does the task involve repetitive or sustained postures, movements or forces?</b>		
Tick <b>yes</b> if the task requires any of the following actions to be done :			
<ul style="list-style-type: none"> <li>repetitively (done more than twice a minute) OR</li> <li>sustained (done for more than 30 seconds at a time)</li> </ul>			
<b>Posture and Movement</b>			
Bending the back forward or sideways more than 20 degrees	<input type="checkbox"/>	<input type="checkbox"/>	

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Authorised by: Craig Randazzo		Position: Chief Executive Officer – Skillset



Manual Tasks Risk Factors	YES	NO	Comments [describe what the person is doing]  (ie when and where is it happening? What is causing it — what is/are the source(s) of the risk?)
Twisting the back more than 20 degrees	<input type="checkbox"/>	<input type="checkbox"/>	
Any visible backward bending	<input type="checkbox"/>	<input type="checkbox"/>	
Bending the head forwards or sideways more than 20 degrees	<input type="checkbox"/>	<input type="checkbox"/>	
Any visible bending of the head backwards	<input type="checkbox"/>	<input type="checkbox"/>	
Twisting the neck more than 20 degrees	<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 30 cm 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"/>	
Bending of the wrist beyond the angle indicated	<input type="checkbox"/>	<input type="checkbox"/>	

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Manual Tasks Risk Factors	YES	NO	Comments [describe what the person is doing]  (ie when and where is it happening? What is causing it — what is/are the source(s) of the risk?)
<b>Forces</b>			
Lifting, lowering or carrying	<input type="checkbox"/>	<input type="checkbox"/>	
Carrying with one hand or one side of the body	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
Using a finger grip, pinch grip, or an open handed grip to handle a load	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	<input type="checkbox"/>	
Holding, supporting or restraining any object, person, animal or tool	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Question 2 — Does the task involve long duration?</b>			
Tick <b>yes</b> if the task is done for: <ul style="list-style-type: none"> <li>• More than 2 hours over a whole shift, OR</li> <li>• Continually for more than 60 minutes at a time</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Question 3 – Does the task involve high force? [Tick yes if the task involves any of the following</b>			

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Manual Tasks Risk Factors	YES	NO	Comments [describe what the person is doing]  (ie when and where is it happening? What is causing it — what is/are the source(s) of the risk?)
<b>actions]:</b>			
Lifting, lowering or carrying heavy loads	<input type="checkbox"/>	<input type="checkbox"/>	
Pushing or pulling objects that are hard to move or are hard to stop (eg a trolley)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
Exerting force at the limit of the grip span	<input type="checkbox"/>	<input type="checkbox"/>	
Needing to use two hands to operate a tool designed for one hand	<input type="checkbox"/>	<input type="checkbox"/>	
Holding, supporting or restraining a person, animal or heavy object	<input type="checkbox"/>	<input type="checkbox"/>	
Exerting force with the non-preferred hand	<input type="checkbox"/>	<input type="checkbox"/>	
Two or more people need to be assigned to handle a heavy or bulky load	<input type="checkbox"/>	<input type="checkbox"/>	
During the application of high force, the body is in a bent, twisted or otherwise awkward posture	<input type="checkbox"/>	<input type="checkbox"/>	
Applying force suddenly in response to unexpected forces (for example, when an animal suddenly moves)	<input type="checkbox"/>	<input type="checkbox"/>	
Hitting or kicking	<input type="checkbox"/>	<input type="checkbox"/>	
Holding, supporting or restraining a person or animal	<input type="checkbox"/>	<input type="checkbox"/>	

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Manual Tasks Risk Factors	YES	NO	Comments [describe what the person is doing] (ie when and where is it happening? What is causing it — what is/are the source(s) of the risk?)
likely to move unexpectedly			
Throwing or catching	<input type="checkbox"/>	<input type="checkbox"/>	
Jumping while holding a load	<input type="checkbox"/>	<input type="checkbox"/>	
The task can only be done for short periods	<input type="checkbox"/>	<input type="checkbox"/>	
Pain or significant discomfort during or after the task	<input type="checkbox"/>	<input type="checkbox"/>	
Stronger workers are assigned to do the task	<input type="checkbox"/>	<input type="checkbox"/>	
Workers think the task should be done by more than one person, or seek help to do the task	<input type="checkbox"/>	<input type="checkbox"/>	
Workers say the task is physically very strenuous or difficult to do	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Question 4 — Is there a risk?</b>			
<b>Does the task involve repetitive or sustained postures, movements or forces, and long duration?</b>			
Tick <b>yes</b> if you ticked any boxes in Question 1 AND Question 2 <b>The task is a risk. Risk control is required.</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Does the task involve high force?</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Tick <b>yes</b> if you ticked any box in Question 3 <b>The task is a risk. Risk control is required.</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Question 5 — Are aspects of the work environment or the way work is organised increasing the risk?</b>			

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Manual Tasks Risk Factors	YES	NO	Comments [describe what the person is doing]  (ie when and where is it happening? What is causing it — what is/are the source(s) of the risk?)
Tick <b>yes</b> if the task involves:			
<b>Vibration</b>			
Hand-arm vibration	<input type="checkbox"/>	<input type="checkbox"/>	
Whole-body vibration	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Thermal environment</b>			
Low temperatures (for example, in cool rooms, cold stores, or working outside in cold weather)	<input type="checkbox"/>	<input type="checkbox"/>	
Wearing thick clothing that restricts movement while working in cold conditions (eg gloves)	<input type="checkbox"/>	<input type="checkbox"/>	
Handling very cold or frozen objects	<input type="checkbox"/>	<input type="checkbox"/>	
High air temperatures (for example, in foundries, laundries, kitchens, manufacturing processes which generate heat, or working outside in hot weather)	<input type="checkbox"/>	<input type="checkbox"/>	
Radiant heat (for example, from the sun, or from processes such as smelting or plastics extrusion)	<input type="checkbox"/>	<input type="checkbox"/>	
Wearing heavy protective clothing while working in hot conditions	<input type="checkbox"/>	<input type="checkbox"/>	
Workers are working in hot conditions and they are not used to it	<input type="checkbox"/>	<input type="checkbox"/>	

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Manual Tasks Risk Factors	YES	NO	Comments [describe what the person is doing]  (ie when and where is it happening? What is causing it — what is/are the source(s) of the risk?)
High humidity caused by the weather or processes such as steam cleaning	<input type="checkbox"/>	<input type="checkbox"/>	
Windy conditions, combined with hot or cold weather	<input type="checkbox"/>	<input type="checkbox"/>	
Handling large objects in windy conditions	<input type="checkbox"/>	<input type="checkbox"/>	
Wind chill caused by exposure to wind in low temperatures	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Work organisation and work practices</b>			
The work rate is set by a machine or the team are not under the worker's control	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	<input type="checkbox"/>	
Levels of work demand that workers find difficult to keep up with (pace)	<input type="checkbox"/>	<input type="checkbox"/>	
Sustained high levels of attention and concentration	<input type="checkbox"/>	<input type="checkbox"/>	
Systems of work that offers the worker little or no control over the way they do their work	<input type="checkbox"/>	<input type="checkbox"/>	
Workers frequently needing to meet tight deadlines	<input type="checkbox"/>	<input type="checkbox"/>	
Sudden changes in workload, or seasonal changes in volume without any mechanisms for dealing with the change	<input type="checkbox"/>	<input type="checkbox"/>	

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Manual Tasks Risk Factors	YES	NO	Comments [describe what the person is doing]  (ie when and where is it happening? What is causing it — what is/are the source(s) of the risk?)
Levels of physical work demand that workers find difficult to maintain (effort)	<input type="checkbox"/>	<input type="checkbox"/>	
Feel that guidance and resources provided by their <b>supervisors or co-workers</b> should be increased so that they can perform their work to the required standard	<input type="checkbox"/>	<input type="checkbox"/>	
Feel that they have not been given sufficient training and information <b>by their employers</b> in order to carry out their job successfully	<input type="checkbox"/>	<input type="checkbox"/>	
Reports of <b>Musculoskeletal Disorder [MSD]</b>			
<p><b>Has there been a report of MSD associated with this task?</b></p> <p>The report of MSD associated with the task usually means increased risk so implementing risk controls should be a high priority.</p>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Action Required: [Address all questions that have a YES response]</b>
<p><b>What are the sources of risk?</b></p> <p>What needs to be fixed to eliminate or reduce the risk for each factor ticked in Question 1, 2, 3 and 5?</p> <p><u>Further information can be obtained on risk and control measures from the relevant code of practice.</u></p>

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<b>Short Term</b>	
<b>Medium Term</b>	
<b>Long Term</b>	
<i>Date actions completed: :</i>	
<b>Name:</b>	<b>Position:</b>
<b>Signature:</b>	

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