**HAZARDOUS MANUAL TASKS RISK ASSESSMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DETAILS** | | | | | | | | | | | |
| **Risk Assessment Title:** *(e.g. Name of equipment, plant, task, place, activity/task)* | | |  | | | | | | **Risk Assessment No.:** | **R A** | |
| **Description of Hazardous Manual Task:** | **Weight Range of Loads Handled (kg):** | | **Reason for Risk Assessment:** | | Considered a hazardous manual handling activity | | Data trend analysis | | **Revision No.:** |  | |
| Musculoskeletal disorder (MSD) reported | | Other (specify) | | **Assessment Date:** |  | |
| **Site / Area:** |  | | Change in the workplace / work environment / task / object or tool | | **Review Date:** |  | |
| **Have there been any related incidents?** | YES  NO | | Requested by personnel / H&S Representative | |  |  | |
| **Are there any potential emergency situations which may arise?** | YES  NO | | New information | |  |  | |
| **RISK ASSESSMENT** | | | | | | | | | | | |
| **STEP 1** | | **STEP 2** | | **STEP 3** | | | | **STEP 4** | | | |
| **HAZARD**  Identify the characteristic(s) observed to determine which postures, movements and forces of the task pose a risk.  **Repetitive** – movement or force performed more than twice a minute  **Sustained** – posture or force is held for more than 30 seconds at a time  **Long Duration** – more than 2 hours over a whole shift or continually for more than 30 minutes at a time | | **RISK**  Describe:  a. What the person is doing and for how long – e.g. hand operation of drill 10 times per minute, performed 3 hours per day, five days a week.  b. Any aspect of the work area design and layout, the nature, size, weight or number of things handled in performing the task, the systems of work, the workplace environment that may have caused you to tick a box in Step 1. | | **EXISTING CONTROLS**  What do we have in place to help minimise the risk? | | **Risk Score**  (1-25)  With existing  controls | | **FURTHER CONTROLS**  Additional controls needed to further minimise the risk. | | | **Residual Risk Score**  (1-25)  With additional controls |

| 1. **POSTURES AND MOVEMENTS.** Tick the box each time **repetitive** movement or **sustained** posture is observed and is of **long duration.** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **BACK** | | | | | |
| Bending or twisting  the back e.g. more  than 20 degrees  Forwards  Sideways  Twisting |  |  |  |  |  |
| Bending the back e.g. more than 5  degrees  Backwards |  |  |  |  |  |
| **NECK OR HEAD** | | | | | |
| A person with headphones on  Description automatically generated  Bending or twisting the neck or head e.g. more than 20  degrees  Forwards  Sideways  Twisting |  |  |  |  |  |
| Bending the neck  or head e.g. more  than 5 degrees  Backwards |  |  |  |  |  |

| **ARMS / HANDS** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Working with one  or both hands above shoulder height |  |  |  |  |  |
| Reaching forwards  or sideways more  than 30cm from  the body |  |  |  |  |  |
| A person carrying a cart  Description automatically generated  Reaching behind  the body |  |  |  |  |  |
| Excessive bending of the wrist |  |  |  |  |  |
| Twisting, turning, grabbing, picking or wringing actions with the fingers, hands  or arms |  |  |  |  |  |

| **LEGS** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Squatting, kneeling, crawling, lying, semi-lying or jumping |  |  |  |  |  |
| Standing with most  A person standing on a metal object  Description automatically generated with medium confidenceof the body’s weight on one leg |  |  |  |  |  |
| **VERY FAST MOVEMENTS** | | | | | |
| A person standing next to a conveyor belt  Description automatically generated    Very fast movements  for example packing  bottles from a fast  moving process line |  |  |  |  |  |

| 1. **FORCES – repetitive or sustained.** Tick the box each time **repetitive** or **sustained** forces are observed and is of **long duration.** | | | | | |
| --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |  |  |
| Very fast actions |  |  |  |  |  |
| Working with the fingers close together or wide apart |  |  |  |  |  |
| Applying uneven, fast or jerky forces |  |  |  |  |  |
| Holding, supporting or restraining anything (including a person, animal or tool) |  |  |  |  |  |
| 1. **FORCES – high or sudden forces.** Tick the box when any of the following high or sudden forces are **observed even if the force is applied only once.** | | | | | |
| Lifting, lowering or carrying heavy loads |  |  |  |  |  |
| Throwing or catching |  |  |  |  |  |
| Hitting or kicking or jumping |  |  |  |  |  |
| Applying a sudden or unexpected force including:   * handling a live person or animal or * applying uneven, fast or jerky forces during lifting, carrying, pushing or pulling or * pushing or pulling objects that are hard to move or stop e.g. a trolley |  |  |  |  |  |
| Exerting force while in a bent, twisted or awkward posture including:   * supporting items with hands above shoulder height or * moving items when legs are in an awkward posture, working with fingers pinched together or held wide apart or * using a finger grip or pinch grip or an open handed grip |  |  |  |  |  |
| Exerting a force with the non-preferred hand |  |  |  |  |  |
| Needing to use two hands to operate a tool designed for one hand |  |  |  |  |  |
| The task can only be done for short periods of time |  |  |  |  |  |
| Two or more people need to be assigned to handle a heavy, awkward or bulky load |  |  |  |  |  |
| Workers report pain or significant discomfort during or after the task |  |  |  |  |  |
| Stronger workers assigned to do the task |  |  |  |  |  |
| Employees say the task is physically very strenuous or difficult to do |  |  |  |  |  |
| Workers think the task should be done by more than one person, or seek help to do the task as it requires high force |  |  |  |  |  |
| 1. **HAND, ARM or WHOLE BODY VIBRATION.** Tick the box when any of the following environmental factors are present in the task. | | | | | |
| Driving for long periods |  |  |  |  |  |
| Driving on rough roads |  |  |  |  |  |
| Frequent use of hand powered tools or use for long periods |  |  |  |  |  |
| Using high grip forces or awkward postures when using power tools |  |  |  |  |  |
| Use of machines or tools where the manufacturer’s handbook warns of vibration |  |  |  |  |  |
| Workers being jolted or continuously shaken |  |  |  |  |  |
| Use of a vehicle or tool not suitable for the environment or task |  |  |  |  |  |
| 1. **ANY OTHER FACTORS.** Any other considerations unique to the workplace, task or worker. | | | | | |
| <describe> |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CORRECTIVE ACTIONS** | | | |
| **Complete action plan below to implement additional controls strategies needed to further minimise the risk.** | | | |
| **List the corrective actions** | **Priority**  **(H, M, L)** | **By Whom** | **By When** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| **Transfer all HIGH Risk Corrective Actions (as a minimum) into Rapid incident register.** | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sign Off** | | | | | |
| RA Team | Name | Job Title | | Signature | Date |
| Team Leader |  |  | |  |  |
| Team Member |  |  | |  |  |
| **Team Member** |  |  | |  |  |
| **I take responsibility for ensuring all corrective actions are completed and followed up to review effectiveness.** | | | | | |
| **Manager:**  *Name, position and signature* | | | **Date:** | | |

**C**

**O**

**N**

**S**

**E**

**Q**

**U**

**E**

**N**

**C**

**E**

**CATASTROPHIC**

**MAJOR**

**MODERATE**

**MINOR**

**INSIGNIFICANT**

5

4

3

2

1

**MEDIUM**

**11**

**MEDIUM**

**16**

**HIGH**

**20**

**HIGH**

**23**

**HIGH**

**25**

**LOW**

**7**

**MEDIUM**

**12**

**MEDIUM**

**17**

**HIGH**

**21**

**HIGH**

**24**

**LOW**

**4**

**LOW**

**8**

**MEDIUM**

**13**

**MEDIUM**

**18**

**HIGH**

**22**

**LOW**

**2**

**LOW**

**5**

**LOW**

**9**

**MEDIUM**

**14**

**MEDIUM**

**19**

**LOW**

**1**

**LOW**

**3**

**LOW**

**6**

**LOW**

**10**

**MEDIUM**

**15**

A

B

C

D

E

**RARE**

**UNLIKELY**

**POSSIBLE**

**PROBABLE**

**ALMOST CERTAIN**

**LIKELIHOOD**

May happen only in

exceptional

circumstances

.

(

Unheard of in the

industry

)

Could happen at

some time

.

(

Has occurred in

the industry

)

Might occur

occasionally

.

(

Incident has

occurred once or

twice in the

Country

/

Group

)

Will probably

occur in most

circumstances

.

(

Has occurred

several times in

the Country

/

Group

)

Expected to occur in

most circumstances

.

(

Happens several

times at the

location

/

site

)

**20**

**-**

**25**

**HIGH**

ACT

**IMMEDIATELY**

OR

**WITHIN**

**24**

**HOURS**

to lower the risk to an acceptable level or as low as

reasonably practicable

.

**11**

**-**

**19**

**MEDIUM**

ACT WITHIN

**21**

**DAYS**

to reduce the risk to an acceptable level or as low as reasonably practicable

.

**1**

**-**

**10**

**LOW**

ACT WITHIN

**60**

**DAYS**

to reduce the risk to an acceptable level or as low as reasonably practicable

.

**Risk**

**Level**

**Risk Score**

**Timeframe for Implementation of Control Measures**

**HIGH**

No later than

7

calendar days post risk control implementation

**MEDIUM**

No later than

45

calendar days post risk control implementation

**LOW**

No later than

90

calendar days post risk control implementation

**Risk**

**Level**

**Risk Review Timeframes**