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| **SECTION 1: General Information** | | | | | | | | | | | | | | | | | | |
| **Hazardous manual tasks – Definition:**  “*Any task that requires a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any person, animal or thing, involving one or more of the following: repetitive or sustained force; high or sudden force; repetitive movement; sustained or awkward posture, exposure to vibration*.” | | | | | | | | | | | | | | | | | | |
| **Instructions:**  Break down the task/activity into steps, and at each step, identify any movements, postures or forces that could be harmful if performed repetitively, or if the posture/force is sustained. Also assess if the task involves any high/sudden forces or risk of being exposed to vibration. Then identify what preventative measures (i.e. controls) may be implemented to reduce the risk of injury. | | | | | | | | | | | | | | | | | | |
| **Risk Assessment No:** | |  | | | | | | | **Date:** | |  | | | | **Version No:** | |  | |
| **Campus:** | | | **Building / Level / Room No.:** | | | | | **College / Portfolio:** | | | | | | **School / Area:** | | | | |
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| **Person completing the assessment:** | | | | |  | | | | | | | **Supervisor:** | |  | | | | |
| **Reason for assessment:** | | | | | | | | | | | | | | | | | | |
| **Existing task** | **New task** | | | **New information** | | | **Change to work environment** | | | | | | **After an incident** | | | **Review of original assessment** | | |
| **Description of manual handling activity/task:** | | | | | |  | | | | | | | | | | | | |
| **Description of workplace environment, layout and physical conditions:** | | | | | |  | | | | | | | | | | | | |
| **How many people carry out this task?** | | | | | |  | | | | | | | | | | | | |
| **Person completing this risk assessment** | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | **E/S number** | | | | **Name** | | | | | | | | **E/S number** |
|  | | | | | |  | | | |  | | | | | | | |  |
| **Name** | | | | | | **E/S number** | | | | **Name** | | | | | | | | **E/S number** |
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| **SECTION 2: Identify the hazard** | | | | | | | |
| **2.1 – Posture and movements.**  Tick “**Yes**” If the task requires any of the following actions to be done:   * more than twice a minute or * position held for more than 30 seconds at a time (sustained) | | | | | | | |
|  | | | | | | | **Yes** |
| Twisting, or bending of the head forwards backwards or sideways (>20o) | | | | | | |  |
| Twisting, or bending of the back forwards backwards or sideways (>20o) | | | | | | |  |
| Reaching forwards or sideways >30cm away from the body | | | | | | |  |
| Twisting and reaching behind or across the body | | | | | | |  |
| Sustained or repetitive reaching above shoulder height | | | | | | |  |
| Performing the task with both hands well above waist height or one or both elbows well away from the side of the body | | | | | | |  |
| Excessive bending of the wrist upwards, downwards or sideways | | | | | | |  |
| Twisting, turning, grabbing, flicking, pressing, kneading, wringing actions with the fingers, hands or arms | | | | | | |  |
| Squatting, kneeling, crawling, climbing, lying, jumping or running | | | | | | |  |
| Standing unbalanced or with most of the weight on one leg | | | | | | |  |
| Very fast movements | | | | | | |  |
| **2.2 - Does the task involve long duration?** | | | | | | | **Yes** |
| More than 2 hrs over a whole shift | | | | | | |  |
| Continually for more than 30mins at a time | | | | | | |  |
| **2.3 - Are work organisational factors increasing the risk?**  Tick “**Yes”** if task involves any of the following | | | | | | | |
| Peaks or sudden/periodic variations in workload | **Yes** | Need for speed, accuracy or both | | | **Yes** | Long work hours or staff shortages | **Yes** |
| **2.4 – Does the task involve high or sudden forces?**  Tick **“Yes”** if task involves any of the following, even if force is applied only once. | | | | | | | **Yes** |
| Lifting, lowering, carrying | | | | | | |  |
| Applying uneven, fast or jerky forces during lifting, carrying, pushing or pulling | | | | | | |  |
| Holding, supporting or restraining a person, animal or heavy object | | | | | | |  |
| Using a finger-grip, open-handed grip or other inefficient hand position to handle a heavy or large load | | | | | | |  |
| Exerting high force while in an awkward posture | | | | | | |  |
| Needing to use two hands to operate a tool designed for one hand | | | | | | |  |
| Two or more people need to be assigned to handle a heavy or bulky load | | | | | | |  |
| Carrying or exerting force with one side of the body or one hand | | | | | | |  |
| Pulling, pushing or dragging | | | | | | |  |
| **2.4.1 -** Tick **“Yes”** if those performing the task report any of the following | | | | | | | **Yes** |
| Fatigue or physical difficulty | | | | | | |  |
| Pain or discomfort during or after the task | | | | | | |  |
| They can only perform the task for short periods | | | | | | |  |
| They think the task should be performed by more than one person or they seek help to perform the task | | | | | | |  |
| Stronger people are assigned to the task | | | | | | |  |
| **2.5 Are environmental factors increasing the risk?**  Tick “**Yes**” if task involves any of the following | | | | | | | |
| Vibration (hand-arm or whole-body; from tool or vehicle use) | | |  | Low temperatures | | |  |
| High temperatures or radiant heat | | |  | High winds | | |  |
| Poor visibility | | |  | Wearing protective or thick clothing, affecting comfort or handling | | |  |
| High humidity | | |  | Floor/ground is slippery, wet or not level | | |  |
| Handling cold objects | | |  | Working in confined spaces | | |  |

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| SECTION 3: Risk assessment and controlling the hazards | | |
| **3.1 - List any existing controls for task (Safe Work Procedures, Training, Manual task aids or equipment)** | | |
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| **3.2 – Risk assessment: What additional controls need to be put in place to eliminate or reduce the risk?**  Refer to **Section 4** as a guide in determining risk controls. Several controls may be needed to eliminate or reduce the risk.  If you answered “**Yes”** to any questions in **Section 2,** the task requires appropriate controls to be put in place. Consider the number of ticks in each section and previous injury reports when determining priority for implementing risk controls. | | |
| **Additional risk control** | **Person responsible** | **Due date** |
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| **SECTION 4: Examples of controls following hierarchy for each of the types of hazard. This list is not exhaustive.** | | |
| **Posture and movements** | **Forces** | **Environment** |
| **Elimination** | **Elimination** | **Elimination** |
| * Automate or mechanise the task, particularly repetitive functions * Modify operation or production method * Use bulk handling methods | * Automate or mechanise the task, particularly repetitive functions * Modify operation or production method * Use bulk handling methods | * Automate or isolate processes * Use remote controlled processes to isolate those performing the task from vibration sources |
| **Alter the design and layout of the workplace** | **Alter the design and layout of the workplace** | **Alter the work environment** |
| * Ensure the equipment accounts for differences in size, shape and physical ability of those performing the task– i.e. adjustable or fixed to suit all those performing the task * Ensure working heights are matched to the task and those performing the task * Ensure items are within reaching distance * Place items where those performing the task can be in a comfortable symmetrical posture when handling * Provide seating that matches the needs of the task and those performing the task – i.e. adjustable seating for multiple people | * Provide a means for attaching mechanical aids for lifting to the load * Use jigs to hold or support the items * Alter the workplace so mechanical aids can be used and are accessible | * Isolate those performing the task from vibration sources through the use of dampening or suspension systems * Redirect cold exhaust air * Improve ventilation and air circulation * Provide shade * Provide thermal screens/barriers * Provide sheltered walkways/wind barriers * Provide lighting suited to the task |
| **Alter the size or shape of the load** | **Alter the size or shape of the load** | **Alter the items used** |
| * Alter the size or shape of the load | * Reduce weight and dimensions of the load * Reduce the number of items handled at one time * Provide handles, hand-holds or cut-outs to improve grip * Reduce amount of manipulation required (use mechanical aids) * Modify the load so mechanical aids can be used | * Insulate hot/cold items or tools * Select alternative lower vibration equipment * Use balancers/tensioners * Use vibration damping materials * Maintain equipment |
| **Alter the items used** | **Alter the items used** |
| * Use power tools * Ensure tools are suitable for the task * Ensure tools orient the arm, hand and wrist in a power grip position | * Use power tools * Ensure tools are suitable for the task * Use lightweight tools where possible * Use tool counterbalances * Ensure tool handles fit comfortably for those performing the task * Maintain tools and equipment |
| **Alter the work organisation** | | |
| * Provide rest breaks and task variation * Ensure workloads and deadlines are achievable * Allow those performing the task some latitude to influence the rate and pace of work * Monitor and control overtime and shift work * Provide training and supervision | | |

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| **SECTION 5: Consultation** | | | | | | |
| Consult with HSR (or DHSR), technical staff or equivalent, other staff and students in the local area to ensure all RISKS AND HAZARDS have been identified and appropriate controls are in place. | | | | | | |
| **Position** | **Name** | | **Signature** | | **Comments (optional)** | |
| **HSR** (or DHSR) |  | |  | |  | |
| **Technical Officer** (or equivalent): |  | |  | |  | |
| **SECTION 6: Approval** | | | | | | |
| **Position** | | **Name** | | **Signature** | | **Date** |
| **Operational Leader:** | |  | |  | |  |
| **Independent Assessor:** | |  | |  | |  |
| **SECTION 7: Review** | | | | | | |
| Risk assessment must be reviewed if any changes to the task are made or otherwise **every 12 months from date of approval** (new version number required). | | | | | | |
| **Position** | | **Name** | | **Signature** | | **Date** |
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| **Comments:** | | | | | | |
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