|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Work / Learning Environment** | *<insert>* | | | | | |
| **Operational Leader** | *<insert>* | | | | | |
| **Staff, students and / or third parties** | *<insert>* | | | | | |
| **Date** | *<insert>* | | | | | |
| Does the task have any of the characteristics of a hazardous manual task? (*check the box for any of the following that apply*) | | | | | | |
|  | | | | | | |
| **Task** | | **Repetitive or sustained force** | **High, sudden or unexpected force** | **Sustained or awkward postures** | **Repetitive movement** | **Exposure to vibration** |
| *<insert details>* | |  |  |  |  |  |
| *<insert details>* | |  |  |  |  |  |
| *<insert details>* | |  |  |  |  |  |
| *<insert details>* | |  |  |  |  |  |
| *<insert details>* | |  |  |  |  |  |
| *<insert details>* | |  |  |  |  |  |
| *<insert details>* | |  |  |  |  |  |
| *<insert details>* | |  |  |  |  |  |

If you ticked any of the boxes for a particular task, you must do a risk assessment of that task utilising ***HR - HSW- PR09-TM04 - Hazardous Manual Handling Risk Assessment Template***