



## HAZARDOUS MANUAL HANDLING RISK ASSESSMENT

Use this form to identify and assess manual handling risks and to determine suitable controls.

### Details

Task **DEMOLITION** Location of task: **PULLENVALE**

Date of assessment: **13/10/2021** Management rep:

Workers consulted:

### Reason for identification (tick as applicable)

Existing task	<input type="radio"/>	Injury report	<input type="radio"/>	Workplace change	<input type="radio"/>
<b>New task</b>	<input type="radio"/>	New information	<input type="radio"/>	Other	<input type="radio"/>

### Step 1: identify any repetitive or sustained movements, postures or forces

#### Movements and Postures

##### Back

Excessive bending or twisting in any direction  Yes  No

Bending in excess of 5 degrees backwards  Yes  No

##### Neck or head

Excessive bending or twisting in any direction  Yes  No

Bending in excess of 5 degrees backwards  Yes  No

##### Arms/hands

Working above shoulder height  Yes  No

Reaching away from the body and items can't be held close to the body  Yes  No

Behind the body reaching  Yes  No

Excessive bending of the wrist  Yes  No

Using force with the fingers, hands or arms  Yes  No

##### Legs

Tasks that requires knees to be bent  Yes  No

Tasks that requires jumping  Yes  No

Tasks that require prolonged standing on both legs	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Tasks that require standing on one leg	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Lifting, pushing, pulling or dragging	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Carrying or holding item over time or distance	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Repetitive fast actions	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Working with fingers closed or open	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Jerky uncontrolled movements	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Cramped work space	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Weights lifted > 4.5kg or 16-20kg standing	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Repetitive movements	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>Forces</b>		
Lifting, lowering or carrying heavy loads	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Catching or throwing	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Having to apply sudden unexpected force	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Needing to use force when in awkward posture	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Needing to use force when bent, or kneeling	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Tool requires two handed operation	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Unable to use dominant hand to complete task or action	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Object requires two-person lift	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Reports of pain or discomfort by workers after task	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Task exposes worker to vibratory forces	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>General</b>		
Tasks that requires jumping	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Tasks that require prolonged standing on both legs	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Tasks that require standing on one leg	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Lifting, pushing, pulling or dragging	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Carrying or holding item over time or distance	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Repetitive fast action	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Working with fingers closed or open	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Jerky uncontrolled movement	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Cramped work area	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Weights lifted > 4.5kg or 16-20kg standing	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Any repetitive movements	<input checked="" type="radio"/> Yes	<input type="radio"/> No

**Comments:**

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### Step 2 Identify the impact of the working environment

Lighting is inadequate for the task	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Floor surface is not suitable for the task	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Is housekeeping poor	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Are temperatures excessive	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Staff numbers insufficient, unfit or untrained in work demands	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Lifting aids are not available	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Unsuitable protective equipment	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Unsuitable work heights	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Inadequate notice or time restrictions	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Is any part of the task undertaken outdoors	<input checked="" type="radio"/> Yes	<input type="radio"/> No

### Step 3: Assess the risk

Where a potential risk is confirmed in the previous two steps, assess the possible injury that could occur and the likelihood of that injury happening. Use the risk matrix below as a guide to assigning a level of risk

RISK RANK MATRIX		CONSEQUENCES				
		Marginal	Minor	Moderate	Major	Severe
LIKELIHOOD	Almost Certain	Medium	Medium	High	High	High
	Likely	Low	Medium	Medium	High	High
	Possible	Low	Low	Medium	Medium	High
	Unlikely	Low	Low	Low	Medium	Medium
	Rare	Low	Low	Low	Low	Medium

### Step 4: Identify additional controls for manual handling risks

Where the risk cannot be eliminated, consider the following:

#### Task Re-design:

Can the work layout be modified	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
Can the work processes be modified	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A
Can the tools be redesigned	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A
Can the task action and forces required be changed	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A

Can the work process/s be modified  Yes  No  N/A

**Mechanical aids:**

Can mechanical aids be used to extend, reach, improve grip, raise height, support leads, move loads eg trolley  Yes  No  N/A

**Training:**

Have workers been trained in correct lifting technique or use of aids for manual handling tasks  Yes  No  N/A

Does induction training include training on manual handling, correct lifting technique and correct storage of items  Yes  No  N/A

**Administrative controls:**

Have staffing numbers been assessed  Yes  No  N/A

Are there sufficient staff to assist in manual handling tasks  Yes  No  N/A

Are adequate rest breaks provided  Yes  No  N/A

Is protective equipment required and provided  Yes  No  N/A

**Control measures required**

Action required	Who is responsible	Due date	Date completed
Ensuring employees are trained in the right manual handling skills			
Having the right equipment readily available to aid in lifting/moving heavy materials			
Ensure every worker has the correct PPE			

**Supervisor**

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date of assessment** \_\_\_\_\_