

Hazardous manual task identification worksheet

Work area: Click or tap here to enter text.

Management representative: Click or tap here to enter text.

Health and safety representative and workers taking part: Click or tap here to enter text.

Date: Click or tap here to enter text.

Does the task have any of the characteristics of a hazardous manual task? (tick any of the following that apply).

Task	Repetitive or sustained force	High or sudden force	Sustained or awkward postures	Repetitive movement	Exposure to vibration
Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you ticked any boxes for a particular task, you should do a risk assessment of that task.

Risk assessment worksheet

Location of task:	Management rep:
Description of hazardous manual task:	Health and Safety rep:
Date of assessment:	Others (workers/consultants):

Reason for identification

<input type="checkbox"/> Existing task	<input type="checkbox"/> Report of musculoskeletal disorder (MSD)	<input type="checkbox"/> Change in task, object or tool
<input type="checkbox"/> New task	<input type="checkbox"/> New information	

Step 1—Does the task involve repetitive or sustained movements, postures or forces?

As a guide:

repetitive means the movement or force is performed more than twice a minute, and

sustained means the posture or force is held for more than 30 seconds at a time.

Tick 'yes' each time you observe repetitive movement or sustained posture:

Postures and Movements		Yes ✓	This action happens when ...	because ... (describe why)	If any boxes are ticked, what are possible controls to reduce the risk?
BACK					
Bending or twisting more than 20 degrees	Forwards	<input type="checkbox"/>			
	Sideways	<input type="checkbox"/>			
	Twisting	<input type="checkbox"/>			

Postures and Movements		Yes ✓	This action happens when ...	because ... (describe why)	If any boxes are ticked, what are possible controls to reduce the risk?
Bending more than 5 degrees	Backwards	<input type="checkbox"/>			
NECK OR HEAD					
Bending or twisting more than 20 degrees	Forwards	<input type="checkbox"/>			
	Sideways	<input type="checkbox"/>			
	Twisting	<input type="checkbox"/>			
Bending more than 5 degrees	Backwards	<input type="checkbox"/>			
ARMS/HANDS					
Working with one or both hands above shoulder height		<input type="checkbox"/>			
Reaching forwards or sideways more than 30 cm from the body		<input type="checkbox"/>			
Reaching behind the body		<input type="checkbox"/>			
Excessive bending of the wrist		<input type="checkbox"/>			
Twisting, turning, grabbing, picking or wringing actions with the fingers, hands or arms		<input type="checkbox"/>			
LEGS					
Squatting, kneeling, crawling, lying, semi-lying or jumping		<input type="checkbox"/>			
Standing with most of the body's weight on one leg		<input type="checkbox"/>			
VERY FAST MOVEMENTS					
Lifting or lowering		<input type="checkbox"/>			

Postures and Movements	Yes ✓	This action happens when ...	because ... (describe why)	If any boxes are ticked, what are possible controls to reduce the risk?
Carrying with one hand or one side of the body	<input type="checkbox"/>			
Exerting force with one hand or one side of the body	<input type="checkbox"/>			
Pushing, pulling or dragging	<input type="checkbox"/>			
Very fast actions	<input type="checkbox"/>			
Working with the fingers close together or wide apart	<input type="checkbox"/>			
Applying uneven, fast or jerky forces	<input type="checkbox"/>			
Holding, supporting or restraining anything (including a person, animal or tool)	<input type="checkbox"/>			
<p>If you ticked yes to any of the above, you should consider the duration of the task. The longer the task is performed the more hazardous it can be.</p> <p>As a general guideline, long duration means the task is done for more than a total of 2 hours over a whole shift or continuously for more than 30 minutes at a time.</p>				
Duration	Yes ✓	Comments		
More than 2 hours over a whole shift	<input type="checkbox"/>			
Continually for more than 30 minutes at a time	<input type="checkbox"/>			

Step 2—Does the task involve high or sudden force?

Tick 'yes' if the task involves any of the following high or sudden forces, even if the force is applied only once:

Forces	Yes ✓	This action happens when ...	because ... (describe why)	If any boxes are ticked, what are possible controls to reduce the risk?
Lifting, lowering or carrying heavy loads	<input type="checkbox"/>			
Throwing or catching	<input type="checkbox"/>			
Hitting or kicking or jumping	<input type="checkbox"/>			
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.	<input type="checkbox"/>			
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.	<input type="checkbox"/>			
Exerting a force with the non-preferred hand	<input type="checkbox"/>			
Needing to use two hands to operate a tool designed for one hand	<input type="checkbox"/>			
The task can only be done for short periods of time	<input type="checkbox"/>			
Two or more people need to be assigned to handle a heavy, awkward or bulky load	<input type="checkbox"/>			
Workers report pain or significant discomfort during or after the task	<input type="checkbox"/>			
Stronger workers assigned to do the task	<input type="checkbox"/>			

Forces	Yes ✓	This action happens when ...	because ... (describe why)	If any boxes are ticked, what are possible controls to reduce the risk?
Employees say the task is physically very strenuous or difficult to do	<input type="checkbox"/>			
Workers think the task should be done by more than one person, or seek help to do the task as it requires high force	<input type="checkbox"/>			

Step 3—Is there hand, arm or whole body vibration?

Tick 'yes' if any of the following environmental factors are present in the task:

Environmental factors	YES
Driving for long periods	<input type="checkbox"/>
Driving on rough roads	<input type="checkbox"/>
Frequent use of hand powered tools or use for long periods	<input type="checkbox"/>
Using high grip forces or awkward postures when using power tools	<input type="checkbox"/>
Use of machines or tools where the manufacturer's handbook warns of vibration	<input type="checkbox"/>
Workers being jolted or continuously shaken	<input type="checkbox"/>
Use of a vehicle or tool not suitable for the environment or task	<input type="checkbox"/>

Step 4—Is there a risk?

Did you answer yes in step 1? **The task is a risk. Risk control is required.**

Did you answer yes in step 2? **The task is a risk. Risk control is required.**

Did you answer yes in step 3? **This task requires further investigation**

To aid prioritisation of timing and resourcing risk controls you may also need to consider:

Number of ticks or risk factors.

Additional factors such as injuries associated with the task.

These items capture degree and likelihood of harm. You will also need to consider the availability and suitability of risk controls for the task.

RISK CONTROL

What needs to be fixed to control the risk?

You may need to use a combination of risk controls to eliminate or minimise the risk as far as reasonably practicable.

Use the following flowchart to help you carry out your risk assessment



