



Manual Task Hazard Identification

Task

Name of Worker _____
 Name of Supervisor _____
 Location _____

Contact _____
 Contact _____
 WorkGroup _____

	Checklist	Is action required Yes/ No	Person to action control	Implemented Date
1	Working postures			
2	Frequency , Repetition & Duration			
3	Work area design			
4	Nature of loads			
5	Load handling			
6	Individual factors			
7	Work organisation			
8	Actions and movements			

Recommendation

Assessor _____ Date _____

CHECKLIST 1 – WORKING POSTURES

1. Back. Is work performed or loads supported with the back -			
(a) bent forward or sideways more than 20 degrees ?		Yes	No
(b) twisted more than 20 degrees ?		Yes	No
(c) Any visible backward bending		Yes	No
(d) combined bending and twisting? (either sitting or standing)		Yes	No
2. Head and neck. Is work performed when the head or neck is –			
(a) bent forward more than 20 degrees ?		Yes	No
(b) bent backwards?		Yes	No
(c) bent sideways more than 20 degrees?		Yes	No
(d) twisted sideways more than 20 degrees ?		Yes	No
(e) bent and twisted		Yes	No
3. Arms and shoulders. Is work performed (including reaching) without support for the forearms or elbows –			
(a) Above shoulder height?		Yes	No
(b) With elbows out to side?		Yes	No
(c) Beyond forearm length (30 cm) in front of the body?		Yes	No
(d) With arm reaching behind the body?		Yes	No
4. Elbow and forearm. Is work performed with –			
(a) twisting movements to end of range?		Yes	No
(b) twisting movements with the wrist bent?		Yes	No
5. Wrist and hand. Is done with –			
(a) excessive bending up or down of the wrist?		Yes	No
(b) the wrist bent to either side?		Yes	No
(c) the fingers straight with the wrist bent up?		Yes	No
(d) the fingers bent with the wrist bent down?		Yes	No
(e) the palm facing down when lifting heavy objects?		Yes	No
(f) Twisting turning, grabbing, ticking or wringing actions with fingers , hands or arms			
6. Hands and fingers. Is it necessary to use –			
(a) a pinch grip?		Yes	No
(b) a wide span?		Yes	No
7. Legs and feet. Are any of the following performed repeatedly?			
(a) sustained squatting or kneeling?		Yes	No
(b) jumping		Yes	No
(c) foot pedal work while standing?		Yes	No
8. Other postures. Are the following sustained for long periods			
(a) Standing continuously without walking?		Yes	No
(b) Sitting continuously?		Yes	No
(c) Sitting without back support and/or foot support?		Yes	No
(d) Squatting, kneeling, crawling, lying , semi-lying or jumping standing with most of the body's weight on one leg?			

CHECKLIST 2 – FREQUENCY, REPETITION, AND DURATION

1. Does the work cycle repeat every 30 seconds or less?	Yes	No
2. Does the worker apply force repetitively or continuously?	Yes	No
3. Do repetitive tasks performed by a worker in a working day have similar physical demands <i>e.g. writing, typing and stapling or lifting, stacking and picking?</i>	Yes	No
4. Is it necessary for highly repetitive work to be done continuously for more than 60 minutes?	Yes	No
5. Does the work involve repetitive forceful gripping of tools for most of the working day?	Yes	No
6. Is high repetition work over 4 hours in total distributed through an eight-hour shift?	Yes	No
7. Are any of the following work postures sustained for more than a total of 2 hours?		
(a) Working with the back bent forward?	Yes	No
(b) Overhead work?	Yes	No
(c) Work with arms out from the body with elbows at or above mid-trunk height?	Yes	No
(d) Bent wrists?	Yes	No
(e) Kneeling or squatting?	Yes	No
8. Are long shifts or regular overtime worked where jobs involve –		
(a) repetitive and forceful work involving the hand/arm?	Yes	No
(b) heavy load handling (lifting, carrying, pushing/pulling)?	Yes	No

CHECKLIST 3 –**WORK AREA DESIGN (workplace and workstation layout)**

1. Does the worker have to bend, reach or twist to have easy access to all components and equipment needed for the task?	Yes	No
2. Are controls, switches or keys on tools, equipment or instruments –		
(a) Beyond easy reach?		
(b) Difficult to grasp or activate?		
3. Are displays difficult to read from the worker's usual working position?	Yes	No
4. Are the working surfaces –		
(a) Too high so the elbows are raised or the upper arms are out to the side?	Yes	No
(b) Too low, so it is necessary to bend forward?	Yes	No
(c) Oriented for poor visibility	Yes	No
5. Are frequent reaches needed to grasp equipment or objects performed with the arm straight out in front or out to the side of the body?	Yes	No

6.	Is there adequate seating for all workers? Does seating lack good support for lower back, during prolonged seating tasks?	Yes	No	
		Yes	No	
7.	Computer use. Are awkward postures of the head, shoulder or wrist caused by the location of –			
		(a) The screen or document?	Yes	No
		(b) The keyboard and pointing device?	Yes	No

CHECKLIST 4 – NATURE OF LOADS (weights and forces)

1.	Is the load heavy or bulky?	Yes	No
2.	Are the dimensions of the load – (a) Too wide (>50 cm)? (b) Too long (>30 cm)? (c) Too high for comfortable handling <i>eg to see over the top?</i>	Yes	No
		Yes	No
		Yes	No
3.	Are handles or handholds – (a) Not provided on most loads? (b) Too small for workers’ hands to fit through? (c) Too small if gloves are required? (d) Positioned high on the load? (e) Of textures so they make the load harder to grasp <i>eg wire?</i>	Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
4.	Is the weight distribution of the load uneven, with no ready identification of the heavy side?	Yes	No
5.	Is the load difficult to grasp because – (a) It is smooth, slippery, greasy, wet? (b) Designed with sharp edges or protrusions? (c) Uncomfortably hot or cold?	Yes	No
		Yes	No
		Yes	No
6.	Can the load move suddenly because – (a) It has contents that can move suddenly? (b) It is an awkward shape <i>e.g. sheet material?</i>	Yes	No
		Yes	No

CHECKLIST 5 – LOAD HANDLING (characteristics of loads and equipment)

1.	Do the workers rate the effort required to handle the load as too high?	Yes	No
2.	Is lifting or carrying carried out when mechanical aids could be used?	Yes	No
3.	Are loads located in a position at the beginning or end of lifting which – (a) Require awkward postures (Bending, twisting or reaching etc) (b) Make it difficult to reach, grasp or hold? (c) Require manoeuvring to be placed accurately into position?	Yes	No
		Yes	No
		Yes	No
4.	Is the load stored – (a) Below the worker’s knuckle height or above shoulder height? (b) Where it requires extended reach?	Yes	No
		Yes	No
5.	Is a seated worker required to lift or push/pull a heavy load?	Yes	No
6.	Could the distance between where loads are located and where they	Yes	No

will be used be reduced?		
7. Is a worker working alone required to handle heavy/bulky loads?	Yes	No
8. Is pushing/pulling performed –		
(a) When the body is twisted?	Yes	No
(b) During reaching?	Yes	No
(c) With the handle at a height that allows best force application?	Yes	No
(d) Using trolleys with wheels that are too small?	Yes	No
9. When sliding, pulling or pushing an object, is the object difficult to move?	Yes	No
10 Does the levels of work (pace & deadlines) place unrealistic demands on the worker.	Yes	No
11 Are there sudden changes of manual task workload or seasonal changes in volume without any mechanisms for dealing with the change	Yes	No

CHECKLIST 6 – INDIVIDUAL FACTORS (skills & experience, age clothing special needs)

1. Are inexperienced workers doing –		
(a) Heavy load handling tasks?	Yes	No
(b) Machine paced tasks where the speed has been set for experienced workers?	Yes	No
2. Do workers lack training for –		
(a) The use of specialised equipment including power tools?	Yes	No
(b) Safe and efficient work methods including handling of loads?	Yes	No
(c) The use of mechanical devices?	Yes	No
3. Are there physical factors that indicate a mismatch between the worker and the task?	Yes	No
4. Has the worker –		
(a) Been allowed a period of adjustment after an absence?	Yes	No
(b) Who is new to the task or returning from an absence been expected to perform at full production rates straight away?	Yes	No
5. Does the worker have –		
(a) Lack of consultation	Yes	No
(b) Control over the timing of breaks?	Yes	No
6. Do workers have to provide own clothing for manual tasks such as –		
(a) Clothing which allows a task to be done in the most efficient way?	Yes	No
(b) Gloves that do not reduce grip stability, dexterity and strength of grip?	Yes	No
(c) Knee pads for repeated or sustained kneeling?		

CHECKLIST 7 – WORK ORGANISATION

1. Is the work affected by –		
(a) Insufficient workers to complete tasks within a deadline?	Yes	No
(b) Peaks in demand or seasonal volumes of work?	Yes	No

(c) Bottlenecks or sudden changes or delays to the flow of materials?	Yes	No
2. Are task demands such that workers are not able to –		
(a) Vary or control the pace of work?	Yes	No
(b) Vary the nature of the work to prevent monotony or overuse of the same muscles?	Yes	No
(c) Take regular short breaks easily eg machine pacing, bonus schemes, short staffing, peak demands?	Yes	No
3. Do any paced tasks require –		
(a) Forceful exertions?	Yes	No
(b) Getting into awkward postures in trying to keep up with the pace?	Yes	No
4. Does the method of work increase the work rate (bonuses, piecework, quotas)?	Yes	No
5. Is there a lack of procedures and proformas for workers to report unsafe equipment or environmental conditions?	Yes	No
6. For tools, equipment and mechanical handling devices are there adequate –		
(a) Selection processes?	Yes	No
(b) Purchasing specification?	Yes	No
(c) Instructions in safe use?	Yes	No
(d) Maintenance programs	Yes	No

CHECKLIST 8 ACTIONS AND MOVEMENTS

Do the manual tasks performed by workers involve			
1.	Repetitive or sustained application of force	Yes	No
2	Repetitive or sustained awkward postures	Yes	No
3	Repetitive or sustained movement	Yes	No
4	Application of high force including jerky or unexpected forces	yes	NO
5	Exposure to sustained vibration in combination with any of the above	Yes	No
6	Handling of live people or animals	Yes	No
7	Handling loads that are unstable, unbalanced or difficult to hold or grasp	Yes	No
8	Very fast movements	Yes	No
9	Carrying with one hand or on one side of body	Yes	No
10	Exerting force with one hand or one side of body		
11	Pushing, pulling or dragging	Yes	No
12	Holding, supporting or restraining any object person, tool or animal	Yes	No
13	Pushing or pulling objects that are hard to move or hard to sti op eg trolley	Yes	No
14	Is the thermal environment where the manual task takes place too hot, humid, cold or windy	Yes	No
15	Does manual task require sustained high levels of attention and concentration		
16			

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