



Manual Task Hazard Identification

Task

Name of Worker _____ Contact _____
 Name of Supervisor _____ Contact _____
 Location _____ Work Group _____

	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	
(b) twisted more than 20 degrees ?	Yes	
(c) Any visible backward bending	Yes	
(d) combined bending and twisting? (either sitting or standing)	Yes	
2. Head and neck. Is work performed when the head or neck is		
(a) bent forward more than 20 degrees ?	Yes	
(b) bent backwards?	Yes	
(c) bent sideways more than 20 degrees?	Yes	
(d) twisted sideways more than 20 degrees ?	Yes	
(e) bent and twisted?	Yes	
3. Arms and shoulders. Is work performed (including reaching) without support for the forearms or elbows –		
(a) Above shoulder height?	Yes	
(b) With elbows out to side?	Yes	
(c) Beyond forearm length (30 cm) in front of the body?	Yes	
(d) With arm reaching behind the body?	Yes	
4. Elbow and forearm. Is work performed with –		
(a) twisting movements to end of range?	Yes	
(b) twisting movements with the wrist bent?	Yes	
5. Wrist and hand. Is done with –		
(a) excessive bending up or down of the wrist?	Yes	
(b) the wrist bent to either side?	Yes	
(c) the fingers straight with the wrist bent up?	Yes	
(d) the fingers bent with the wrist bent down?	Yes	
(e) the palm facing down when lifting heavy objects?	Yes	
(f) Twisting turning, grabbing, ticking or wringing actions with fingers , hands or arms	Yes	
6. Hands and fingers. Is it necessary to use –		
(a) a pinch grip?	Yes	
(b) a wide span?	Yes	
7. Legs and feet. Are any of the following performed repeatedly?		
(a) sustained squatting or kneeling?	Yes	
(b) Jumping	Yes	
(c) foot pedal work while standing?	Yes	
8. Other postures. Are the following sustained for long periods		
(a) Standing continuously without walking?	Yes	
(b) Sitting continuously?	Yes	
(c) Sitting without back support and/or foot support?	Yes	
(d) Squatting, kneeling, crawling, lying, semi-lying or jumping standing with most of the body's weight on one leg?	Yes	

CHECKLIST 2 – FREQUENCY, REPETITION AND DURATION

1. Does the work cycle repeat every 30 seconds or less?	Yes	
2. Does the worker apply force repetitively or continuously?	Yes	
3. Do repetitive tasks performed by a worker in a working day have similar physical demands e.g. <i>writing, typing and stapling or lifting, stacking and picking?</i>	Yes	
4. Is it necessary for highly repetitive work to be done continuously for more than 60 minutes?	Yes	
5. Does the work involve repetitive forceful gripping of tools for most of the working day?	Yes	
6. Is high repetition work over 4 hours in total distributed through an eight-hour shift?	Yes	
7. Are any of the following work postures sustained for more than a total of 2 hours?	Yes	
(a) Working with the back bent forward?	Yes	
(a) Overhead work?	Yes	
(b) Work with arms out from the body with elbows at or above mid-trunk height?	Yes	
(c) Bent wrists?	Yes	
(d) Kneeling or squatting?	Yes	
8. Are long shifts or regular overtime worked where jobs involve		
(a) repetitive and forceful work involving the hand/arm?	Yes	
(b) heavy load handling (lifting, carrying, pushing/pulling)?	Yes	

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?		
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?		
4. Are the working surfaces		
(a) Too high so the elbows are raised or the upper arms are out to the side?		
(b) Too low, so it is necessary to bend forward?		
(c) Oriented for poor visibility		
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?		
6. Is there adequate seating for all workers?		
7. Does seating lack good support for lower back, during prolonged seating tasks?		
8. Computer use. Are awkward postures of the head, shoulder or wrist caused by the location of -		
(a) The screen or document?		
(b) The keyboard and pointing device?		

CHECKLIST 4 – NATURE OF LOADS (weights and forces)

1. Is the load heavy or bulky?		
2. Are the dimensions of the load –		
(a) Too wide (>50 cm)?		
(b) Too long (>30 cm)?		
(c) Too high for comfortable handling <i>e.g. to see over the top?</i>		
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>e.g. wire?</i>		
4. Is the weight distribution of the load uneven, with no ready identification of the heavy side?		
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?		
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>		

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

1. Do the workers rate the effort required to handle the load as too high?		
2. Is lifting or carrying carried out when mechanical aids could be used?		
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?		
4. Is the load stored –		
(a) Below the worker's knuckle height or above shoulder height?		
(b) Where it requires extended reach?		
5. Is a seated worker required to lift or push/pull a heavy load?		
6. Could the distance between where loads are located and where they will be used be reduced?		
7. Is a worker working alone required to handle heavy/bulky loads?		
8. Is pushing/pulling performed –		
(a) When the body is twisted?		
(b) During reaching?		
(c) With the handle at a height that allows best force application?		
(d) Using trolleys with wheels that are too small?		
9. When sliding, pulling or pushing an object, is the object difficult to move?		
10. Do the levels of work (pace & deadlines) place unrealistic demands on the worker?		
11. Are there sudden changes of manual task workload or seasonal change in volume without any mechanisms for dealing with the change		

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

1. Are inexperienced workers doing		
(a) Heavy load handling tasks?		
(b) Machine paced tasks where the speed has been set for experienced workers?		
2. Do workers lack training for		
(a) The use of specialised equipment including power tools?		
(b) Safe and efficient work methods including handling of loads?		
(c) The use of mechanical devices?		
3. Are there physical factors that indicate a mismatch between the worker and the task?		
4. Has the worker		
(a) Been allowed a period of adjustment after an absence?		
(b) Who is new to the task or returning from an absence been expected to perform at full production rates straight away?		
5. Does the worker have		
(a) Lack of consultation		
(b) Control over the timing of breaks?		
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?		
(b) Gloves that do not reduce grip stability, dexterity and strength of grip?		
(c) Knee pads for repeated or sustained kneeling?		

CHECKLIST 7 – WORK ORGANISATION

Is the work affected by		
(a) Insufficient workers to complete tasks within a deadline?		
(b) Peaks in demand or seasonal volumes of work?		
(c) Bottlenecks or sudden changes or delays to the flow of materials?		
Are task demands such that workers are not able to		
(a) Vary or control the pace of work?		
(b) Vary the nature of the work to prevent monotony or overuse of the same muscles?		
(c) Take regular short breaks easily <i>eg machine pacing, bonus schemes, short staffing, peak demands?</i>		
Do any paced tasks require		
(a) Forceful exertions?		
(b) Getting into awkward postures in trying to keep up with the pace?		
Does the method of work increase the work rate (bonuses, piecework, and quotas)?		
Is there a lack of procedures and pro-forma's for workers to report unsafe equipment or environmental conditions?		
For tools, equipment and mechanical handling devices are there adequate		
(a) Selection processes?		
(b) Purchasing specification?		
(c) Instructions in safe use?		
(d) Maintenance programs		

CHECKLIST 8 ACTIONS AND MOVEMENTS

Do the manual tasks performed by workers involve		
Repetitive or sustained application of force	Yes	No
Repetitive or sustained awkward postures	Yes	No
Repetitive or sustained movement	Yes	No
Application of high force including jerky or unexpected forces	Yes	No
Exposure to sustained vibration in combination with any of the above	Yes	No
Handling of live people or animals	Yes	No
Handling loads that are unstable, unbalanced or difficult to hold or grasp	Yes	No
Very fast movements	Yes	No
Carrying with one hand or on one side of body	Yes	No
Exerting force with one hand or one side of body		
Pushing, pulling or dragging	Yes	No
Holding, supporting or restraining any object person, tool or animal	Yes	No
Pushing or pulling objects that are hard to move or hard to stop e.g. trolley	Yes	No
Is the thermal environment where the manual task takes place too hot, humid, cold or windy	Yes	No
Does manual task require sustained high levels of attention and concentration	Yes	No

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