

Manual Handling Hazard Identification Procedures

1. Purpose

The objective of this procedure is to describe the process whereby management and employees ((Your Business Name)) may work together to identify risks associated with activities which include lifting, pushing, holding, throwing and carrying etc. It includes hazardous tasks such as shoveling, handling wooden pallets, cleaning, using hand tools, and operating machinery which are repetitive or sustained.

2. Definitions

Manual Handling refers to conditions known as musculoskeletal disorders (MSD). The WHS Manual Handling Regulations define MSD as an injury, illness or disease that arises in whole or in part from manual handling in the workplace, whether occurring suddenly or over a prolonged period of time.

2.1. Hazardous manual handling means:

- Manual handling that involves any of the following:
 - repetitive or sustained application of force
 - repetitive or sustained awkward posture
 - repetitive or sustained movement
 - application of high force
 - exposure to sustained vibration
- Manual handling of loads that are unstable, unbalanced or difficult to hold.
- Manual handling performed over a long duration.

2.2. Repetitive or Sustained

- When the task requires any actions to be done more than twice a minute and for more than 30 seconds at a time

2.3. Long Duration

- When the task is done for more than 2 hours over a whole shift and continually for more than 30 minutes at a time

3. Documentation

WHS Act 2011, Section 55 (1), 55 (2), 55 (3) (a) (b) (c) (d) (e).

WHS Regulations 2011

Codes of Practice

4. Procedure

- 4.1.** Identify tasks in the workplace that involve hazardous manual handling;
- 4.2.** Assess the risks of musculoskeletal disorders associated with these tasks;
- 4.3.** Eliminate the risk of musculoskeletal disorders or, if this is not practicable, reduce the risks.

5. Method

- 5.1.** Use the Manual Handling risk assessment forms on the (Your Business Name) Safety Systems Tool Box ó Manual Handling.
- 5.2.** Refer to the Code of Practice ó Hazardous Manual Handling.

6. Responsibility : Supervisor

7. Policy and Procedure Owner: (Your Business Name).

Manual Handling Hazard Identification Format

Manual Handling Hazard ID.pdf

Manual Handling - Hazard Identification Date:

Your Business Name

Management Rep. Employees WHS Rep.

1. Task (Explain the tasks which may have a risk of musculoskeletal disorder associated with a hazardous manual handling:)

2. Movements, Postures and Layout During Manual Handling

2.1 Is there frequently or prolonged bending where the hands pass below mid-thigh height? Yes No N/A

2.2 Is there frequently or prolonged reaching above the shoulder? Yes No N/A

2.3 Is there frequently or prolonged bending due to extended reaching forwards? Yes No N/A

2.4 Is there frequently or prolonged twisting of the back? Yes No N/A

2.5 Is there frequent awkward posture, over prolonged periods - postures not forward facing & upright? Yes No N/A

3. Task and Object

3.1 Is manual handling tasks performed frequently or for long periods by the employee? Yes No N/A

3.2 Are loads moved or carried over long distances? Yes No N/A

3.3 Is the weight of the object:

(a) more than 4.5kg and handled from a seated position? Yes No N/A

(b) more than 16 kg and handled in a working posture other than seated? Yes No N/A

(b) more than 55 kg? Yes No N/A

NOTE: Weight is not used to prescribe absolute limits, but is one of the important factors to be considered when assessing and controlling risks.

3.4 Are high forces required for pushing, pulling or moving heavy to handle objects involved? Yes No N/A

3.5 Is the load difficult, or awkward to handle, for example, due to its size, shape, temperature, instability or unpredictability? Yes No N/A

3.6 Is it difficult or unsafe to get an adequate grip of the object? Yes No N/A

4. Work Environment

4.1 Is the task performed in a restricted or confined space? Yes No N/A

4.2 Is the lighting adequate for safe manual handling? Yes No N/A

4.3 Is the climate particularly hot or cold? Yes No N/A

4.4 Are the floor working surfaces cluttered, uneven, slippery or otherwise unsafe? Yes No N/A

4.5 Is there excessive vibration involved in the task ? Yes No N/A

4.6 Is there manual handling of live persons or live animals involved ? Yes No N/A

5. Employee Individual Factors

5.1 Is the employee new to the work or returning from an extended period away from work? Yes No N/A

5.2 Are there age-related factors, disabilities or employee health issues that may affect task risks? Yes No N/A

5.3 Does employee's clothing or person protective equipment (PPE) interfere with manual handling tasks? Yes No N/A

5.4 Are employees who perform manual handling tasks adequately trained in the risks associated with the task? Yes No N/A

Conducted By:

Manual Handling Risk Control Measures Format

Manual Handling Hazard ID.pdf Manual Handling Hazard Risk Controls.pdf

Manual Handling Risk Control Measures

Employer Name: Management WHS Representative:

Employees WHS Rep.: Location: Date:

Task being performed which maybe considered Hazardous Manual Handling:

What are the reasons for this existing hazard?

What can be introduced to eliminate or reduce the risk ? **Risk Control Measures to be Implemented**

1. Eliminate the Risk	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
2. Alter the workplace layout	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
3. Alter the environmental conditions	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
4. Alter the systems of work	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
5. Changing the objects used in the task	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
6. Using mechanical aids	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
7. Provide information, instruction and training	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>

Time frame for risk implementation: Person responsible for ensuring risk implementation: Follow up date for reviewing risk controls:

<input type="text"/>	<input type="text"/>	<input type="text"/>	Date Completed: <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	General Comments: <input type="text"/>

Photo of general work area Photo of Task Photo of task after implementing controls

Conducted By: