



MANUAL HANDLING IDENTIFICATION EHS Manual

This form is to be used in conjunction with the Environment Health and Safety Manual.

Task: _____ Date: _____

Management rep: _____ Health and safety rep: _____

Hazard Identification

Does the task involve hazardous manual handling? (Tick any of the following that apply to that task)

Repetitive or sustained application of force	Repetitive or sustained awkward posture	Repetitive or sustained movement	Application of high force	Exposure to sustained vibration	Handling live people or animals	Handling loads that are, unbalanced or difficult to move
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you ticked one or more boxes or a particular task, you must do a documented risk assessment of that task.

Risk Assessment

Does the task involve repetitive or sustained postures, movements or forces? Yes No

For example, bending or twisting the body, neck, arms or wrists, reaching, lifting, pushing, pulling, carrying, very fast movements, or exerting force while in an awkward posture

Does the task involve long duration? Yes No

For example is the task done or more than 2 hours over a whole shift or continually for more than 30 minutes at a time?

Does the task involve high force? Yes No

For example, lifting, lowering or carrying heavy loads, sudden or unexpected forces, pushing or pulling objects that are hard to move, exerting force at the limit or the grip span, or the task is difficult to do

Are environmental factors increasing the risk? Yes No

For example, vibration, heat, humidity, thick protective clothing

If yes to above, risk controls are required

Comments

Risk Control

Is it practicable to eliminate or reduce the risk by:

- Altering the workplace
- Altering the environmental conditions
- Altering the systems of work
- Changing the objects used in the task
- Using mechanical aids

If so, how? Short term, medium term and long term.

Action completed by: _____ Date: _____

Controls evaluated by: _____ Date: _____