

Manual Handling Hazard Control Record

Task Details

1 Task name:
Area:
Assessor:
Date of assessment:/...../.....
Others consulted:

2 Sketch with dimensions (Optional)

3 Record the results of your:

Review of the company records: (e.g. hazard register, accident investigations, early reports of discomfort.)

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Consultation with employees: (Talk to the people who do the task or who were injured doing it. Get them to mime the task actions.)

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Observation of the manual handling task: (Watch the employees doing the task. Video the task. Describe the manual handling aspects of the task by writing down its steps.)

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Task duration or cycle time:

Number of repetitions per shift:

Forces exerted (per cycle): (e.g. Lifting 16kg bags, pushing with a force of 20kg for 3 metres.)

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Hazard Identification

4 Are any of these factors present in the task?

	No	Yes
Twisted, stooped, awkward, asymmetrical postures	<input type="checkbox"/>	<input type="checkbox"/>
Fixed, sustained, rigid, prolonged postures	<input type="checkbox"/>	<input type="checkbox"/>
Unvaried, repetitive movements	<input type="checkbox"/>	<input type="checkbox"/>
Sudden, uncontrolled or jerky movements	<input type="checkbox"/>	<input type="checkbox"/>
Handling or reaching away from the body	<input type="checkbox"/>	<input type="checkbox"/>
Using high or sustained force	<input type="checkbox"/>	<input type="checkbox"/>
Handling heavy or awkward loads	<input type="checkbox"/>	<input type="checkbox"/>
Whole body vibration or upper limb vibration	<input type="checkbox"/>	<input type="checkbox"/>
Handling that goes on for too long without a break	<input type="checkbox"/>	<input type="checkbox"/>

5 Is one or more of the boxes in question 4 ticked 'Yes'?

Yes go to questions 7 – 11 and find the risk score for the task
No

6 If there is no evidence that there is hazardous manual handling, stop here. Review again according to your hazard review schedule.

Sign off:

Name:

Date:/...../.....

Risk Score

- 7** Find the load score: The load score is the muscle force applied by the worker. It may be the weight of the object handled or you may need to measure the forces applied with a spring balance or a force gauge – or make an estimate. If several people do the task, the score should reflect the ability of the least able.

Men	Women	Load Score
< 10 kg	< 5 kg	1
10 - 19 kg	5 - 9 kg	2
20 - 29 kg	10 - 14 kg	4
30 - 39 kg	15 - 24 kg	7
40 +	25 +	10

Report the Load Score here → **A**

- 8** Find the posture and workplace layout score: Observe the postures adopted. Take an average value if necessary or use numbers between the ones shown.

Posture Score

Trunk upright, no twisting, load close to body, standing or walking a few steps only.	1
Some bending forward or twisting, load close to body, sitting or walking for a longer distance.	2
Bending far forward or close to the floor, slightly bending and twisting the trunk, load far from the body or above shoulder height, sitting or standing.	4
Bending far forward and twisting the trunk, load far from the body, below the knees or above shoulder height, unstable posture while standing, crouching or kneeling.	8

Report the Posture/Workplace Layout Score here → **B**

- 9** Find the work conditions and environment score:

Environment Score

Good conditions, with sufficient space, no obstacles, level and solid floor surface, good lighting, able to get a good grip on the load.	0
Restricted workspace (area < than 1.5m ²), restricted postural stability (floor uneven, soft, slippery, sloping.)	1

Report the Environment Score here → **C**

- 10** Find the time score: Find the time score from the greatest of either the number of repetitions of the task or the time spent doing it during the shift.

Repetitions per shift	Total time per shift	Time score
< 10	< 30 min	1
10 - 40	30 min - 1 hr	2
40 - 200	1 - 3 hrs	4
200 - 500	3 - 5 hrs	6
> 500	> 5 hrs	8

Report the Time Score here → **Time**

Add the three scores in boxes A, B and C → Sum

- 11** Multiply box 'Sum' by box 'Time' to get the risk score. →

Decide the significance of the risk score. Follow the arrow and consult the table. If the risk score is 10 or more you should carry out the Contributory Factors Assessment at question 12.

- Less than 10 Complete question 6 and you are finished, **unless** there is the risk that a single high force action could cause harm.
- 10 or more Complete the remainder of this checklist.

Contributory

- 12** Tick any contributory factors that are present in the task. Transfer each factor that you tick to Question 13. For example, if you ticked 'Handling over long distances', write 'T3' in Column A of Question 13. See the pages listed in the *Code of Practice for Manual Handling* for solutions for each factor.

A Load (Solutions page 30)

- L1. Heavy loads handled or high forces required
- L2. Bulky, unwieldy
- L3. Unpredictable
- L4. Uneven in weight distribution
- L5. Unstable or unbalanced
- L6. Blocks vision
- L7. Difficult to grip, greasy, slippery
- L8. Handle size, position or shape
- L9. Very hot or cold or hazardous
- L10. Person or animal
- L11. Sharp edges
- L12. Other

B Environment (Solutions page 31)

- E1. The floor is slippery, uneven or cluttered
- E2. Area slopes or has steps
- E3. Hot, cold, humid, outdoors, windy, wet
- E4. Poor air quality
- E5. Noisy
- E6. Poor lighting, glare, gloomy
- E7. Insufficient or confined space
- E8. Other

Guidance on the Meaning of the Risk Score

Risk Score	Urgency and type of control measure
< 10	Injuries are unlikely unless there are infrequent high force actions. Monitor the task from time to time.
10 - 24	Injuries may result for less resilient people. Workplace redesign is recommended for them.
25 - 49	Injuries are possible for trained and fit people. Workplace redesign is recommended to control the contributory factors identified.
50 +	Injuries are likely regardless of the strength and fitness of employees. Elimination of the task or workplace redesign is a priority.

Factors Assessment

C People (Solutions page 31)

- P1. Too few staff to do the work
- P2. Low skill, untrained, new
- P3. Insufficient strength or fitness
- P4. Special considerations
- P5. Inappropriate footwear, clothing or personal protective equipment
- P6. Less resilient people
- P7. People work by themselves
- P8. Fatigued
- P9. Poor employee commitment to health and safety
- P10. Other

D Task (Solutions pages 31 - 33)

- T1. Large horizontal/vertical reaches
- T2. Reaching above shoulder or below mid-thigh
- T3. Handling over long distances
- T4. Repetitive movements with few or no breaks
- T5. Awkward, twisted or restrained postures
- T6. Freedom of movement restricted
- T7. Unpredictable, fast or unexpected movements
- T8. Uncontrolled/invariable work pace
- T9. Standing for a long time
- T10. Handling in a seated position
- T11. Squatting, kneeling or crouching
- T12. Handtools are poorly designed
- T13. Handling requires two or more people
- T14. Mechanical handling aids used without training
- T15. Personal protective equipment, special clothing or footwear makes task awkward
- T16. Vibration
- T17. Other

E Management (Solutions pages 33 - 34)

- M1. Insufficient rest breaks
- M2. Involves piece work or other incentive schemes
- M3. Job involves shift-work and/or unsociable hours
- M4. Too few staff if busy, sickness, deadlines
- M5. Poor maintenance of tools, equipment, workstations
- M6. Staff are not involved in the selection, purchase or trialing of equipment
- M7. Poor organisational communication
- M8. Communication is compromised because people are separated by distance, protective equipment or by working in a confined space
- M9. Task organisation
- M10. Health and safety is not important to the company
- M11. Other

Controls

13 In column A, write the number of each contributory factor you ticked in question 12. Indicate the importance of the factor by circling one of Low, Medium or High in column B. Write controls in column C

(one to each row) and estimate their cost and impact in columns D and E. Circle Yes or No in column F to indicate whether or not the control measure will be actioned. Use a separate sheet if necessary.

A. Link to contributing factor	B. Risk (Low, Medium or High)	C. Controls: What are the possible solutions for controlling the risk posed by this factor? Transfer the control number to column A, question 14, if you will action it.	D. Cost of control (Low, Medium or High)	E. Impact of control (Low, Medium or High)	F. Action Yes or No
	L M H	1	L M H	L M H	Yes No
	L M H	2	L M H	L M H	Yes No
	L M H	3	L M H	L M H	Yes No
	L M H	4	L M H	L M H	Yes No
	L M H	5	L M H	L M H	Yes No
	L M H	6	L M H	L M H	Yes No
	L M H	7	L M H	L M H	Yes No
	L M H	8	L M H	L M H	Yes No
	L M H	9	L M H	L M H	Yes No

Action Plan

- 14 Starting with the most important, write the number for each control you decide to action in Column A. Indicate the term of the solution and the method of control in columns B and C. Write the action plan, responsibilities and completion dates in the last three columns.

A. Control number from question 13, column C	B. Term Short, medium or long term?	C. Method Will the control eliminate, isolate or minimise the hazard?	D. Action plan method: (How is the control measure going to be implemented and how will any related training be given to affected employees?)	E. Person assigned	F. Date for completion
	S M L	E I M			
	S M L	E I M			
	S M L	E I M			
	S M L	E I M			
	S M L	E I M			

Monitoring and Evaluation

- 15 Does the task pose a significant hazard?

Yes go to question 16

No go to question 18

If the task poses a significant hazard and you do not eliminate or isolate it, you are required to monitor the health of the employees exposed to the hazard, with their consent and in relation to the hazard.

- 16 Which method of monitoring will be used to follow the musculoskeletal health of the people doing this task?

Talking with employees Discomfort reporting system Questionnaire surveys Periodic health assessments

- 17 How frequently will this monitoring be carried out?

Continuously Daily Weekly Monthly Quarterly Every 6 months Annually

- 18 Say how you will evaluate the effectiveness of the controls.

Control number	Type of evaluation*	Frequency	Who will confirm that the evaluation plan has been actioned?

* **Suggested methods:** Tracking: injury rates, injury severity, incidents reported, discomfort reported and sickness absence. A repeat hazard identification. General health and safety audits. Evaluating the quality of the product, the process efficiency or staff morale. Cost/benefit analyses.