

RISK MANAGEMENT CHECKLIST

Tick the appropriate response. "Yes" answer means that corrective action should be considered.

Work location:

Date:

Task description:

Characteristics of people as loads

- | | | |
|---|------------------------------|-----------------------------|
| a. Does the person require special handling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Is the person: | | |
| - Unable to assist? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Unable to bear weight? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Uncooperative? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Likely to shift or move about, or go rigid? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Aggressive? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Slippery or wet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Difficult to grip? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Unstable or unbalanced? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Does the client block the view of the worker during handling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Does the worker handle large and/ or heavy clients without assistance from equipment or a second person? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Is any equipment attached to the person being moved? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Is it difficult to communicate with the client? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Workplace layout

- | | | |
|---|------------------------------|-----------------------------|
| a. Does the layout prevent the worker adopting an upright and forward facing posture? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Is the task obscured in any way from the worker? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Is the worker unable to perform handling tasks between his/her knuckles and shoulder height? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

d.	Is there insufficient space for moving legs and feet, and for positioning the body correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.	Is there insufficient space to manoeuvre mechanical equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f.	Are working heights inappropriate to the worker's size and the task being performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g.	Is the workplace outdoors or difficult to control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Action and movements

a.	Does the worker experience undue discomfort during the task?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Are the worker's movements sudden or uncontrolled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.	Are there repetitive over-reaching movements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	Does the worker need to move his/her joints to the extremes of their range?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.	Are these joint movements prolonged or repetitive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f.	Is the load shared unevenly between both hands?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g.	Is the client lifted by one hand only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h.	Is the client pushed or pulled across the front of the worker's body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i.	Does the worker need to bend over to one side to lift or to exert a force?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j.	While holding an unsupported position, is another action performed by the worker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Postures and positions

a.	Is the worker's posture uncomfortable during the task?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Is one posture required to be maintained for long periods without variation of activity or rest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.	Is the task performed in a position which makes it difficult to reach, grasp or handle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	Does the task require frequent, prolonged or repetitive:		
-	Above shoulder reach?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-	Forward bending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-	Sideways bending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-	Twisting of the back?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Task duration and frequency

- a. Does the task require frequent or prolonged:
- | | | |
|------------------------|------------------------------|-----------------------------|
| - Pushing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Pulling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Carrying and holding | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Restraining? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- b. Can the task become monotonous and alertness? Yes No
- c. Does the task require prolonged periods of effort resulting in fatigue? Yes No
- d. Does the task involve sustained or repetitive use of smaller muscles as in the hand? Yes No

Location and distances

- a. Does the client have to be carried up or down stairs Yes No
- b. Is the client located:
- | | | |
|--|------------------------------|-----------------------------|
| - Above the worker's shoulder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Below mid-thigh height? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - In a position which requires extended reach? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- c. Is access to the client restricted Yes No
- d. Does the client have to be moved more than a short distance? Yes No

Weights and Forces

- a. Is the clients lifted, lowered, carried, held or moved at a distance from the worker's body? Yes No
- b. In a large amount of force required to:
- | | | |
|-------------------------------|------------------------------|-----------------------------|
| - Push? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Pull? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Lift? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Lower? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Carry? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Hold? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Restrain? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Cope with sudden movements? | | |
- c. Is the worker required to exert a large force while seated?

- d. Is the weight of the client 55kg or more? Yes No

Work organisation

- a. Is the work flow affected by congestion or sudden changes or delays? Yes No

- b. Is the work affected by insufficient staff numbers to complete tasks within a deadline, or at peak workloads? Yes No

- c. Are assist devices unavailable or difficult to obtain when needed? Yes No

- d. Are policies and procedures on the use of assist devices inadequate? Yes No

- e. Are there inefficiencies in the systems of work and/or double handling? Yes No

- f. Are people handling tasks performed without planned recovery time? Yes No

- g. Are there inadequate procedures for reporting and fixing unsafe equipment or environmental conditions? Yes No

- h. For mechanical handling aids and equipment, are there deficiencies in:

- e. Selection processes? Yes No

- f. Purchasing specifications? Yes No

- g. Maintenance? Yes No

Work environment

- a. Does noise interfere with communication? Yes No

- b. Are the floors and work surfaces cluttered, uneven, slippery or otherwise unsafe? (eg. electrical cords, rugs, carpets making pushing difficult) Yes No

- c. Are there different floor levels? Yes No

- d. Is the workplace untidy? Yes No

- e. Are there extremes of heat, cold, wind or humidity? Yes No

- f. Are there high levels of fumes, dusts, gases, vapours? Yes No

- g. Is lighting inadequate for the task? Yes No

RISK MANAGEMENT

h. Are there high levels of fumes, dusts, gases, vapours? Yes No

i. Is lighting inadequate for the task? Yes No

Skills and experience

a. Is there a need for more training in recognising risks and knowing how to deal with them? Yes No

b. Is there a need for improved induction training? Yes No

c. Is the worker inexperienced in:

- Heavy handling tasks if required? Yes No

- Safe use of mechanical handling aids? Yes No

- Team lifting techniques? Yes No

Personal characteristics

a. Is there a failure to match the demands of the job to the physical capabilities of the worker? Yes No

b. Are at-risk groups of workers (eg. small, young or older workers) lifting or moving clients? Yes No

c. Are workers who perform people handling tasks physically unfit for the tasks? Yes No

d. Is a worker with a previous back injury handling or lifting people? Yes No

Clothing

Does the clothing impede the use of safe manual handling techniques? Yes No

Is the worker's footwear poorly designed for people handling tasks? Yes No

Is the worker's jewellery or hair likely to be caught or pulled by a person being handled? Yes No

Will the requirement to wear gloves or personal protective equipment interfere with manual handling performance? Yes No

Special needs

Does the worker have temporary special needs, for example, pregnancy, returning from illness or extended leave? Yes No

Does the worker have any permanent special needs not addressed elsewhere? Yes No