

MANUAL HANDLING TASK CHECKLIST

Date checklist completed: ____/____/____ Date checklist to be reviewed: ____/____/____			
Name of person who completed checklist:			
Position Title:		Company:	
Task Name: _____		Person performing Task: _____	
Task Description:			
What does the task involve?	No	Yes	How heavy?/ How often?/ How long?
Lifting	☐	☐	
Pushing/ pulling	☐	☐	
Carrying	☐	☐	
Reaching (eg. above shoulder height)/bending	☐	☐	
Twisting	☐	☐	
Repetition	☐	☐	
Sitting	☐	☐	
Standing	☐	☐	
Are the objects being handled large or awkward in shape?	☐	☐	
Live loads (eg. animals) being handled?	☐	☐	
Objects hard to grasp?	☐	☐	
Busy periods where staff have difficulty keeping up with demands?	☐	☐	
Equipment used for manual handling regularly maintained?	☐	☐	
Adequate workspace to allow ease of movement?	☐	☐	
Floors slippery or uneven	☐	☐	
Work Area cluttered	☐	☐	
Does clothing restrict movement	☐	☐	
Are there workers under 18 performing strenuous work or repetitive tasks, or lifting objects weighing more than 16kg?	☐	☐	
Are there employees with special needs (eg, pregnancy)?	☐	☐	

2.1 Risk Assessment How dangerous is the Hazard? <i>What is the Risk Priority Number for this manual handling task (refer to Risk Assessment Matrix)?</i>			Priority Number
Reducing the Risk of Injury	Yes	No	How?
Can the task be eliminated?	☐	☐	
Can the risk of injury be reduced by:	Yes	No	How?
Using mechanical lifting devices or conveyors?	☐	☐	
Altering bench heights or storage heights?	☐	☐	
Reducing carrying distances?	☐	☐	
Reducing load size?	☐	☐	
Redesigning work system or work area?	☐	☐	
Other means?	☐	☐	
Once you have reviewed the manual handling task			
Are all staff aware and trained in manual handling procedures?			Yes ☐ No ☐
Are manual handling procedures a part of the induction training for new employees?			Yes ☐ No ☐