

Manual Handling Tasks Checklist

Date/s:		Worker/s involved:	
Activity description:			
Location of activity:			

Hazardous Tasks

Does the task involve:	Yes/No
• Repetitive movements	
• Repetitive or sustained force	
• High or sudden force	
• Sustained or awkward postures	
• Exposure to vibration	
If you answer yes to the above, you will need to consult with your Manager to create a risk management plan.	

Please indicate the appropriate response. A “No” answer means that the hazards should be assessed and control measure considered where the assessment indicates it is necessary.

For any manual task	Yes/No	Nature of hazard identified/hazard report completed
Environment		
Is the area safe to complete the task (floor, lighting, too hot/cold, unsafe items)?		
Is there sufficient space to do the task?		
Task		
Can you work without: <ul style="list-style-type: none">• Excessive bending, twisting or overreaching• Holding part of your body still for long periods• Lifting heavy/bulky objects which are difficult to carry		
Can you take regular breaks or rotate tasks?		
Assistance		
Is there any equipment which can be used to assist?		
Is there anyone else who can help?		
Education		
Have you been read and understood the Manual Handling procedure?		