Hazardous Manual Handling Checklist



NAME OF STAFF MEMBER:	POSITION/JOB:
SCHOOL:	DATE:

This checklist has been developed to assist in the identification of hazardous manual handling risks. If hazards have been identified, ensure appropriate control measures are implemented.

QUESTION – Does the task involve any of the following?		NO
Stooping where the hands pass below mid-thigh height?		
Reaching above the shoulder?		
Forward OR sideways reaching (more than 30cm away from body)?		
Unbalanced or uneven lifting or carrying?		
Awkward grip?		
Maintaining a fixed or awkward position?		
Carrying over long distances?		
Staff members required to use tools and equipment with the non-preferred hand?		
Apart from lifting, are there any forces applied to move the object e.g. pushing, pulling, restraining, and holding?		
Live persons or animals being moved?		
Bulky or awkward objects handled?		
Slippery materials/objects handled?		
The task performed in a restricted space?		
Objects with sharp edges or containing hot and cold material being carried?		
Significant sideways twisting of the body?		
STAFF MEMBER SIGNATURE:		
PRINCIPAL NAME AND SIGNATURE (if applicable):		