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Australian Business
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OHS Information Kit
OHS Checklists

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The Authority on Workplace Safety



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About this Information Kit

This information kit has been compiled by Options Consulting to provide our employees an understanding of:

- Options Consulting's commitment to Occupational Health and Safety;
- Common hazards found in office environments;
- Simple control strategies for these hazards; and
- Hazard reporting procedures.

SECTION 1

OCCUPATIONAL HEALTH AND SAFETY POLICY

At Options Consulting, our Occupational Health and Safety (OHS) Policy is based on a belief that the well being of people employed at work, or people affected by our work, is a paramount consideration. People are our most important asset and their health and safety is our greatest responsibility. The public, including contractors and visitors, shall be given equal priority to that of our employees.

Options Consulting is committed to providing adequate resources and maintaining a safe working environment for the health, safety and welfare of our staff, contractors, visitors and members of the public who may be affected by our work. We undertake to provide resources, in terms of personnel, time, technology and financial outlay commensurate with the commitment Options Consulting places on OHS to achieve these objectives.

The objectives of our Safety Policy are:

- To achieve an accident free workplace.
- To comply with the requirements of OHS Acts, Regulations, Codes and relevant industry standards.
- To make OHS an integral part of every managerial and supervisory position.
- To ensure OHS is considered in all planning and work activities.
- To involve our employees in the decision making processes through a continuous program of regular communication, consultation and training to ensure that they work in the safest possible manner.
- To manage all potential danger in the workplace through hazard identification, risk assessment and risk control.
- To ensure all actual and potential accident/ incidents are investigated and the causes controlled.
- To provide effective injury management for all employees.
- To ensure that the work team is totally committed to achieving these objectives.

The success of our health & safety management can be measured through the following performance indicators:

- All work activities are analysed and planned with due consideration given to implementing OHS controls that are suitable to each given situation.
- Open and honest communication occurs between management and employees and is recorded.
- Managers ensure that work and workplaces are safe and those incidents or hazards reported to them are investigated and dealt with.
- Employees keep their work and workplace safe and report all incidents and hazards to their Options Consulting contact.
- Contractors and visitors comply with Options Consulting OHS requirements for which they are informed and report all incidents or hazards that are brought to their attention.

Penny Perkins
Managing Director
Options Consulting Pty Limited
Day/Month/Year

Julie Turner
Director
Options Consulting Pty Limited
Day/Month/Year

SECTION 2

Common Office Hazards

Below is a list of common hazards found in typical office environment's. It is by no means exhaustive and is intended to be used as a guide only. Using the Workplace Inspection checklist may identify other hazards specific to your work environment.

Electrical Hazards

Poorly maintained electrical equipment poses a risk of electric shock or electrocution. If a flexible power lead has a current electrical inspection tag attached to it, it is safe for use. If not, it may be faulty.

Conduct a quick visual inspection for any cuts, nicks or abrasions in the outer insulation of the flexible lead that may compromise the electrical integrity of the appliance. You should not touch the lead when doing this initial inspection. If any faults exist, disconnect the lead from the power supply, notify the client immediately and notify Options Consulting as soon as possible.

A short term control strategy may include:

- Disconnecting the lead from the power supply.

Untagged electrical leads may be unsafe for use



A safe lead is usually identified by a current electrical inspection tag



Trip hazards

Inadequate Space

Work areas with inadequate space can pose a trip hazard. This includes access to and egress from the work area.

Good housekeeping can usually eliminate this hazard by not storing items in areas posing a trip hazard near your work area.

Carpets and Mats

Other common trip hazards include carpets and mats not flush with flooring.

A short-term solution to this problem could include taping down the edges of the carpet or mat to the floor using heavy duty gaffer tape (see picture below).

Running Cords

Power leads and extensions cords running across floor ways pose a significant trip hazard if they run through high traffic areas (see picture below).

Possible control strategies can include:

1. Running the extension cord or power lead along a wall rather than through the middle of a room
2. Taping down the cord to the floor using heavy duty gaffer tape
3. Connecting the extension cord or power lead to a power supply closer to the appliance

Carpets or mats not flush with the floor can pose trip hazard

Taping down the edges of carpets or mats can be an effective short-term trip hazard control strategy



Ergonomic hazards

Working in unnatural positions for long periods of time can lead to long-term ergonomic risks. To avoid these risks, answer these simple ergonomic questions. If you answer 'Yes' to all of these questions, you are on your way to working in an ergonomically safe manner.

Chair height

Are your thighs parallel to the floor when seated?

Are your feet flat on the floor?

Chair back

Is there lumbar support at your belt lining?

Is the tilt of your chair not too far forward or back?

Seated posture

Is your elbow even with the desk surface?

Is your back straight and shoulders back?

Keyboard

Is the keyboard positioned within a forearms length of your body?

Is your keyboard's tilt adjustable?

Mouse

Is your mouse positioned within a forearms length of your body?

Wrist

Is your wrist in a neutral position in-line with your forearms?

Is your wrist relaxed straight without flexion or deviation?

Computer screen

Is the top of the screen at your eye level?

Is the screen close enough to read at eye level?

Is the screen's luminance adequate to read at eye level

Document holder

Is the document holder at the same distance as the monitor?

Lighting

Is the lighting reflected onto the computer screen?

Is the source work well lit?

Body posture

Is the computer and source work directly in front of your body without twisting your neck or back?

Noise

There are no repetitive background noises?

There are no occasional loud noises?

Correct ergonomic posture

Manual handling hazards

Manual handling is any task that requires the use of force to push, pull, lift, restrain or otherwise move an object physically.

Examples of manual handling in an office environment may include:

- Moving boxes in and out of storage
- Moving furniture
- Moving appliances
- Moving archives

The risk of injury increases with:

- Weight of load
- Body position and distance of load from body
- Distance that the load needs to be carried
- Nature of the load
- Frequency of lifting the load
- Age and physical characteristics of the person
- Fatigue

The safe lifting process includes the three basic steps of planning, lifting, and carrying (Oklahoma Medical Research Foundation).

1. Planning the lift

- a. If the load is too bulky or too heavy, ask someone to help or try to break it up into smaller, more manageable loads.
- b. Choose the flattest, straightest, and clearest route.
- c. Clear any movable obstacles out of the way and make sure the location of unmovable objects are known.
- d. Look for places to stop and rest.

2. Lifting from the ground

- a. Face and stand as close as possible to the load with feet wide apart.
- b. Squat down bending at the hips and knees keeping the back as straight as possible.
- c. While gripping the load, arch the lower back inward by pulling the shoulders back and sticking the chest out, make the lift smooth and under control.
- d. Be sure to keep the load close to the body. The closer the load is to the body, the less pressure it exerts on the back.
- e. When setting the load down, squat down, bend the hips and knees, and keep the lower back arched in.

3. Lifting from above

- a. Test the object's weight by pushing up on it.
- b. Use a ladder to bring yourself up to the load.
- c. Make sure you have a firm footing and a solid grasp before moving the load. Do not try to move anything if the only way it can be reached is on the tips of the toes with arms stretched way over head.

- d. Position the load close to your body so that the weight will be centered.
- e. Avoid twisting by transferring objects from one hand to the other or by turning directly in front of the object.

Hazard Reporting Procedures

If you find a hazard that poses a small risk, please notify your Options Consulting Consultant as soon as possible via phone. Options Consulting will discuss the hazard with the client directly.

If you find a hazard that poses an urgent risk you should bring it to the direct attention of the client and then notify Options Consulting as soon as possible.

When reporting hazards to your Options Consultant provide them with the following information over the telephone:

1. Name of client
2. Client representative and contact details
3. Description of hazard
4. Severity of hazard
5. Whether you are in immediate danger
6. Whether or not you have informed the client

Office Inspection Checklist

Location: _____ Date: _____

Persons Conducting Inspection: _____

Inspection Item	Y/N	Comment
Access/Egress		
Doors clear of stored material.		
Doors to Fire Escapes kept closed.		
Doors in good repair.		
Passageways clear (eg: no stored material which would impede clear passage).		
Floor surfaces in good condition with no torn or rumpled carpet or slippery surfaces.		
No trip hazards from electrical power points, cords, computer cabling etc.		
Furniture		
Chairs, workstations properly set-up and used.		
Filing cabinets properly loaded with lower drawers filled to prevent tipping.		
Desk/filing cabinet drawers kept closed when not in use and attended.		
Electrical		
Power cords, extensions in good repair (plugs, sockets and insulation).		
Power supply cords of electrical appliances have been tested and tagged.		
Electrical power points in good repair.		
No piggy-backing of double adapters, power boards etc.		

Inspection Item	Y/N	Comment
Fire Fighting Equipment		
Fire extinguishers, hose reels access not blocked.		
All gauges on fire extinguishers (where fitted) in the green.		
Emergency Evacuation		
A emergency evacuation plan is available.		
Fire escape stairs in good repair and clear of stored items.		
Stairs		
Anti-slip stair nosings in good repair (where fitted).		
Stair hand rails not loose.		
Waste Management		
Waste appropriately separated for collection and disposal.		
Waste containers appropriately used.		
No stockpiling of combustible material (eg: shredded paper etc).		
Storage		
No high, unstable storage of loose items.		
Ladders etc available for reaching high storage and in good condition.		
Compactors move easily and persons cannot be trapped.		
Facilities		
Toilets, showers, kitchens, first aid rooms kept clean and tidy with no slippery surfaces or trip hazards.		
Food preparation and storage appliances clean and with no accumulation of out-of-date food items.		

Inspection Item	Y/N	Comment
No leaks from boiling water supply equipment.		
Lighting		
Task lighting available and used.		
Window blinds etc used to reduce temperature and glare when needed.		
Fluorescent lights all working with no flickering.		
Light diffusers properly fitted.		
Temperature		
No complaints of areas being too cold or too hot.		
Air vents clean and clear.		

Signature/s: _____

SECTION 3

Workstation Ergonomic Assessment Checklist

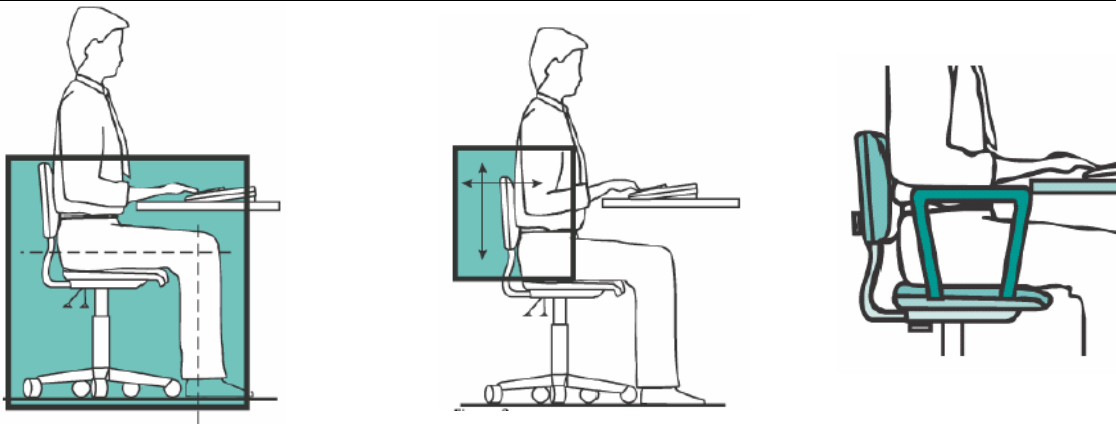
Date of Inspection: _____

Description of Work Location: _____

Task Description: _____

The existence of any one of the following hazards, that is, a No answer, indicates the need for risk assessment.

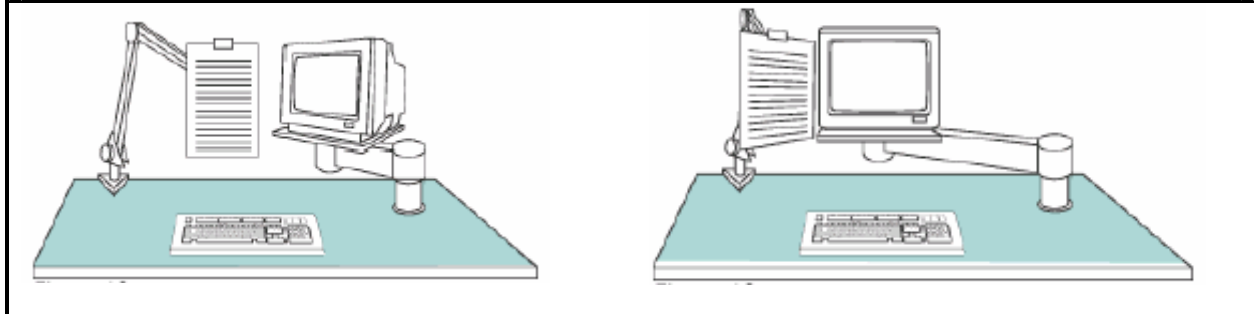
1. Chairs



Criteria	Yes/No (If 'No' further action may be required)	Risk Eliminated or Controlled
Is the chair easily adjustable from a seated position?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can the user get close to the workstation without impediment? <i>(Check that the chair arms are not in the way and there is clear leg room.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the seat height adjusted so that the user's thighs are parallel to the floor with feet resting on the floor or on a footrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the backrest height adjusted to fit the small of the users back and adequately support the spine? <i>(Small of the back/'lumbar curve' is usually at about waist level/belt level)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the backrest angle adjusted so that the user is sitting upright whilst keying?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Can the backrest height and angle be easily adjusted while seated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the front edge of the seat rounded to avoid pressure on the underside of the thighs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the chair have five base support points?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the chair feel solid and safe to the user?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Documents



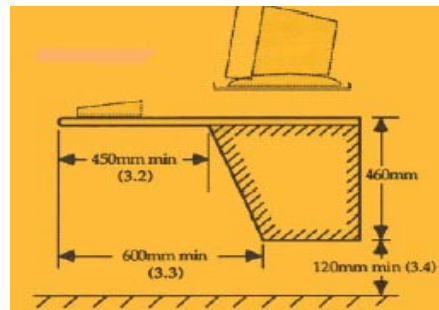
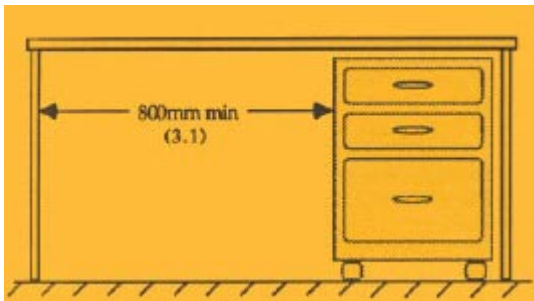
Criteria	Yes/No (If 'No' further action may be required)	Risk Eliminated or Controlled
Are all documents legible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a document holder provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all source documents adequately supported?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can documents be manipulated easily as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Foot Rests



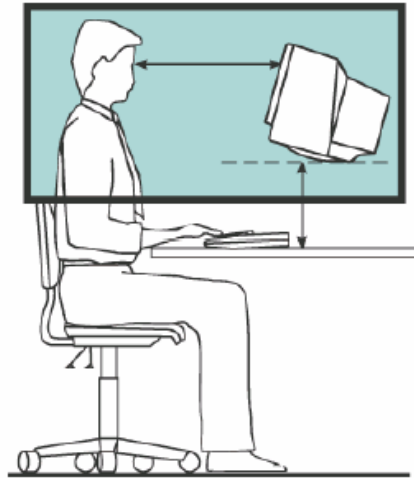
Criteria	Yes/No (If 'No' further action may be required)	Risk Eliminated or Controlled
Is the footrest large enough to support both feet and allow a change in position?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the footrest small enough to fit under all desk arrangements, and not cumbersome to handle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the footrest designed so that it will not slide easily on common floor surfaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Office Desks



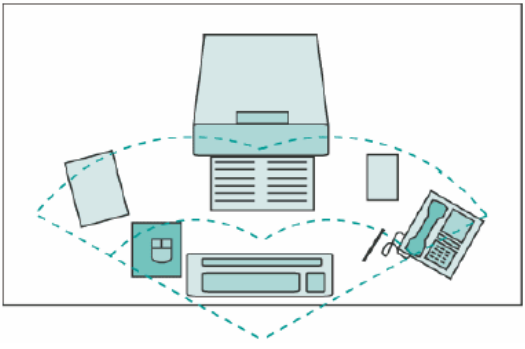
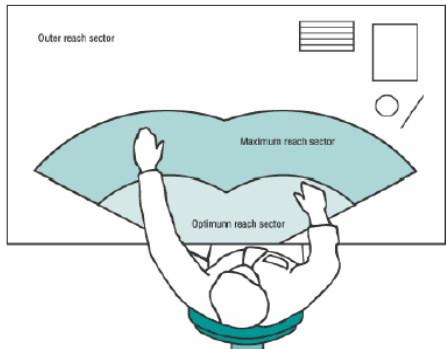
Criteria	Yes/No (If 'No' further action may be required)	Risk Eliminated or Controlled
Are the users forearms parallel with the floor or angled slightly downward? <i>(This can be achieved either by lowering the desk or raising the chair.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there adequate space for the legs and feet underneath the desk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If the feet are not able to touch the floor and the desk height is not adjustable, is the user provided with a footrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the size of the desk top adequate for the equipment on the desk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all the corners and the front edge of the desk top well rounded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

5. Visual Display Unit



Criteria	Yes/No (If 'No' further action may be required)	Risk Eliminated or Controlled
When sitting upright and looking straight ahead, is the user looking at the top of the edge of the screen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the screen positioned at extended arm's reach distance from the user?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all the characters in the display easily legible and is the image stable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can the user adjust the position and contrast of the screen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

6. WorkStation Accessory Arrangements



Criteria	Yes/No (If 'No' further action may be required)	Risk Eliminated or Controlled
Is the keyboard detachable from the screen to ensure a comfortable working position?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the keyboard thin enough for comfortable positioning of the arms and no excessive wrist flexion is required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a keyboard wrist rest provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a mouse wrist rest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the mouse located close to the user to avoid over stretching?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the mouse at the same level as the keyboard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there enough room on the work surface for all the computer accessories?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are most frequently accessed items (phone, manuals, etc.) within reach?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the workstation designed to prevent undue twisting of the neck and trunk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a headset available for continuous telephone operations or when the keyboard is used at the same time as the telephone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the headset lightweight, adjustable and comfortable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Does the telephone equipment include easily adjustable volume control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the user find the lighting satisfactory?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the user find noise levels affect concentration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the user find the temperature and airflow in the room comfortable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Manual Handling Checklists

STEP 1 - Manual Handling Hazard Identification Checklist

The existence of any one of the following hazards, that is, a Yes answer, indicates the need for further risk assessment in accordance with the Manual Handling Risk Assessment Checklist.

Date: _____

Description of Work Location: _____

Description of Work Task : _____

Management Representative: _____

Employee Representative/s: _____

The direct observation of work areas and manual handling tasks being performed will assist in identifying hazards.

Movements, Posture and Layout During Manual Handling

1.	Is there frequent or prolonged bending down where the hands pass below mid-thigh height?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Is there frequent or prolonged reaching above the shoulder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is there frequent or prolonged bending due to extended reach forward?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is there frequent or prolonged twisting of the back?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are awkward postures assumed frequently or over prolonged periods, that is, postures that are not forward facing and upright?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Task and Object

6.	Is manual handling performed frequently or for long time periods by the employee(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are loads moved or carried over long distances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Is the weight of the object: <ul style="list-style-type: none"> a) more than 4.5kg and handled from a seated position? b) more than 16kg and handled in a working posture other than seated? c) more than 55kg? Note: Weight is not used to prescribe absolute limits, but is one of the important factors to be considered when assessing and controlling risk.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

9.	For pushing, pulling or other application of forces: are large push / pulling forces involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Is the load difficult or awkward to handle, for example, due to its size, shape, temperature, instability or unpredictability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Is it difficult or unsafe to get adequate grip of the load?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Environment		
12.	Is the task performed in a confined space?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Is the lighting inadequate for safe manual handling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Is the climate particularly cold or hot?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Are the floor working surfaces cluttered, uneven, slippery or otherwise unsafe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Factors		
16.	Is the employee new to the work or returning from an extended period away from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Are there age-related factors, disabilities or other special factors that may affect task performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Does the employee's clothing or personal protective equipment interfere with manual handling performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The identification of any hazard associated with manual handling that is, a Yes answer, indicates the need for further risk assessment in accordance with the following Manual Handling Risk Assessment Checklist (Step 2)

Step 2 – Manual Handling Risk Assessment Checklist

Answering **Yes** to any of the following indicates increased manual handling risk.



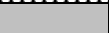
Actions and Movements		
1	Do employees report pain or discomfort whilst performing the task?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Is the task performed with jerky or sudden movements or applications of force?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Does the task require repetitive bending twisting or reaching?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Is the load shared unevenly between both hands, or lifted by only one hand?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Is the object pushed or pulled across the front of the body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Is there a need to bend over to one side to lift and object or exert force	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Are two actions performed at the same time when one action is holding an unsupported fixed position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Are several tasks performed in the one position where some are best done in a seated position and others are best done in a standing position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Workplace and Workstation Layout		
9	Is the layout unsuitable for the manual handling task and the physical dimensions of the person completing the task?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Does the workplace limit any movements involved in the manual handling task?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Are mechanical aids not provided or difficult to access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Are all working surfaces (benches) in a fixed position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Is there inadequate clear space for moving legs and feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Are different manual handling tasks performed by one person such that excessive movement is involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Working Posture and Position		
14	Are any postures/positions maintained for long periods of time without an opportunity for change?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Does the task require the prolonged or repetitive bending or twisting of the spine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Are objects positioned in a way which makes them difficult to reach or grasp?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Is there frequent or prolonged: <ul style="list-style-type: none"> • Reaching above the shoulder? • Forward or sideways bending of the back? • Twisting of the back? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Duration and Frequency		
18	Is the repetitive task performed for greater than 2 hours over the	<input type="checkbox"/> Yes <input type="checkbox"/> No

	whole shift or continually for more than 30 minutes at a time?	
Location of Loads and Distances Moved		
19	Is the load required to be pushed, pulled, carried or otherwise manually handled over a significant distance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Are loads located above shoulder height or below knuckle height?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	Are employees required to climb to access loads?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weights and Forces		
22	Are loads in excess of 4.5kg lifted or lowered from a seated position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	Are loads above the range of 16-20kg lifted, lowered or carried from a standing position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	Are loads in the range of 16kg-55kg lifted, lowered or carried without mechanical assistance and/or team lifting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Characteristics of Loads and Equipment		
25	Is the load difficult to grasp or hold?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26	Is the load of an awkward shape to carry in a balanced posture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27	Is the load smooth, slippery, greasy or wet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28	Is the load unbalanced or does it have contents that move suddenly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29	Does the load have sharp edges or protrusions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30	Is the load very hot or cold?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31	Does the load block the vision of the employee when being handled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32	Does the activity require the manoeuvring of people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33	Is the load more than 50cm wide (across the body)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34	Is the load more than 30cm long (out from the body)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Are any 2 of the objects dimensions more than 75 cm (height, width or length)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Organisation		
36	Is the work frequency affected by bottlenecks or sudden changes in flow of materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37	Is the work affected by the unavailability of people to complete the task within a deadline?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Organisation		
38	Team lifts are not provided and or safely organised where required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39	Are there insufficient numbers of employees to carry out the work when peak workloads occur?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40	Is there a lack of effective maintenance programs for tools, plant and equipment used for manual handling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41	Is there a lack of purchasing instruction regarding the safety of	<input type="checkbox"/> Yes <input type="checkbox"/> No

	loads, tools and equipment used in manual handling?	
42	Are the procedures for reporting and fixing unsafe equipment and environmental conditions inadequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Environment		
43	Are the floors and surfaces underfoot uneven or slippery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44	Are there different floor levels within the workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45	Is the workplace untidy with a lack of attention to house keeping details?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Are there extremes of heat, cold, wind or humidity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47	Are there high levels of dust, fumes, gases or vapours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48	Is there excessive vibration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49	Is the task performed in a confined space?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50	Is the lighting adequate to navigate and perform work duties by?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skills and Experience		
51	Have employees reported that training is insufficient/unsuitable for the tasks performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52	Is the operator new or returned from a long absence from the task?	<input type="checkbox"/> Yes <input type="checkbox"/> No
53	If heavy manual handling, is the employee new to manual handling heavy loads?	<input type="checkbox"/> Yes <input type="checkbox"/> No
54	Are the demands of the task outside the capabilities of the operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age		
55	Are operators under 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
56	If the operator is under 18 are they required to handle loads over 16kg without mechanical assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
57	Does the operator report that their age is a factor in performing manual handling duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clothing		
58	Does the operator's clothing hinder safe manual handling through restriction of movement or fear of damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Needs		
59	Has the operator suffered previous musculoskeletal damage either at work or at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
60	Does the operator suffer from any condition which may impact on manual handling tasks?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Once the risks arising from manual handling tasks have been assessed by reference to the risk factors, they are required to be eliminated or, if that is not reasonably practicable, controlled in accordance with the following Risk Control Option Matrix.

Step 3 – Risk Elimination and Control Matrix										
Risk Factors	Risk Control Options									
	Elimination	Modify object	Modify workplace layout	Rearrange materials flow	Different actions, movements, and forces	Modify task – Mechanical assistance	Modify Task – Team lifting	Mechanical handling equipment	Training	Other administrative controls
1) Actions and movements										
2) Workplace and workstation layout										
3) Working posture and position										
4) Duration and frequency										
5) Location of loads and distances moved										
6) Weights and forces										
7) Characteristics of loads and equipment										
8) Work organisation										
9) Work environment										
10) Skills and experience										
11) Age										
12) Clothing										
13) Special Needs										

-  - Red cells indicate that risks arising from manual handling should be eliminated if reasonably practicable.
-  - Shaded cells indicate the preferred options of control where elimination is not reasonably practicable.
-  - Grey cells indicate less preferred options of control where elimination is not reasonably practicable.