

RISK ASSESSMENT WORKSHEETS

Worksheet
Reference Number

Date: _____

Name of assessor: _____

Task: _____

No. of employees that conduct this task _____

How long is the task typically undertaken for:

a) without a break: _____

b) in a typical shift (excluding breaks): _____

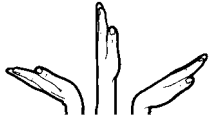


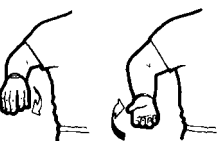

How frequently is the task undertaken
(eg. daily, weekly): _____

Other tasks undertaken by worker that may
pose risk of ULDs *(include worksheet reference numbers)*:

What hand tools are used in the task: _____


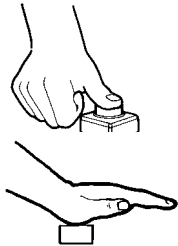


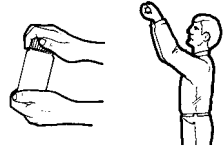
Task description:

1 Repetition				Describe any problem(s) and probable cause(s): <i>Describe what the person is doing eg. hand operation of drill 10 times per minute. Performed 3 hours per day, five days per week.</i>	Describe any risk control options you have identified	Control options <i>(not exhaustive list)</i>
For 2 consecutive hours per work day:		Yes	No			
1.1 Does the task involve repeating the same movements every few seconds?	<i>A 'Cycle' is a sequence of actions of relatively short duration that is repeated over and over, and is almost always the same. A cycle is not necessarily associated with one single joint movement, but also with complex movements of one or more parts of the body.</i>	<input type="checkbox"/>	<input type="checkbox"/>			Reduce repetition: ■ Mechanise or automate repetitive functions ■ Use power/ratchet tools ■ Remove machine or other pacing ■ Restructure task (Job design) ■ Remove or monitor piecework schemes Reduce duration: ■ Implement job enlargement ■ Ensure adequate breaks ■ Implement job rotation ■ Limit / control overtime
1.2 Is there a cycle or sequence of movements that is repeated twice per minute or more OR More than 50% of the task involves performing a repetitive sequence of motions?		<input type="checkbox"/>	<input type="checkbox"/>			
1.3 Are the wrists/hands/fingers used intensively?		<input type="checkbox"/>	<input type="checkbox"/>			
1.4 Is there repetitive shoulder/arm movement (ie regular arm movement with some pauses or almost continuous arm movement?)		<input type="checkbox"/>	<input type="checkbox"/>			
1.5 Are tools used that require repetitive finger or thumb action?		<input type="checkbox"/>	<input type="checkbox"/>			

2 Working posture				Describe any problem(s) and probable cause(s): <small>Note problem postures and identify parts of the upper limb involved. eg. Static gripping posture used for up to 2 hours at a time, wrists repetitively bent sideways when drilling objects.</small>	Describe any risk control options you have identified	Control options <small>(not exhaustive list)</small>
Fingers, hands and wrist		Yes	No			
2.1 Is the wrist bent repetitively up and/or down?	<small>Remember: the greater the deviation from a neutral position, the greater the risk.</small> 	<input type="checkbox"/>	<input type="checkbox"/>			Optimise working posture: <ul style="list-style-type: none">■ Modify operation or production method■ Relocate equipment or items■ Present work items differently■ Reduce amount of manipulation required■ Ensure equipment accounts for differences in worker size, shape and strength■ Ensure working heights are appropriate■ Ensure items are within reach distances■ Provide suitable (and adjustable) seating■ Use fixtures/jigs■ Alter tools or controls■ Ensure tools are suitable for task■ Ensure tools do not require awkward postures
2.2 Is the wrist held in a position that is bent upwards or downwards?		<input type="checkbox"/>	<input type="checkbox"/>			
2.3 Are the fingers gripping or used while the wrists are bent?		<input type="checkbox"/>	<input type="checkbox"/>			
2.4 Is the wrist bent repetitively to either side?		<input type="checkbox"/>	<input type="checkbox"/>			
2.5 Is the wrist held bent to either side?		<input type="checkbox"/>	<input type="checkbox"/>			
2.6 Are the hands repetitively turned or twisted so that the palm is facing up or downwards?		<input type="checkbox"/>	<input type="checkbox"/>			
2.7 Are the hands held with the palms facing up or down?		<input type="checkbox"/>	<input type="checkbox"/>			
2.8 Is a wide finger and/or hand span needed to grip, hold or manipulate items?		<input type="checkbox"/>	<input type="checkbox"/>			
2.9 Do static postures of the fingers, hand or wrist occur, for more than two consecutive hours per work day?		<input type="checkbox"/>	<input type="checkbox"/>			
2.10 Are there tools, equipment and/or work pieces that are poorly shaped and/or do not fit the hand comfortably?		<input type="checkbox"/>	<input type="checkbox"/>			
2.11 Are there any tools, hand held equipment or work pieces that are too large or small to be gripped easily?		<input type="checkbox"/>	<input type="checkbox"/>			
2.12 Are tools designed for right handed use only?		<input type="checkbox"/>	<input type="checkbox"/>			

3 Working posture				Describe any problem(s) and probable cause(s): <i>Note problem postures and identify parts of the upper limb involved. eg. Shoulder held in fixed position with elbow out to the side for up to 2 hours at a time. This is due to the work height.</i>	Describe any risk control options you have identified	Control options <i>(not exhaustive list)</i>
Arms and shoulders		Yes	No			
3.1 Is work performed above the head or with the elbows above the shoulders for more than 2 hours total in a working day?	<div>Remember: the greater the deviation from a neutral position, the greater the risk.</div>	<input type="checkbox"/>	<input type="checkbox"/>			
3.2 Does the task involve repetitively moving the upper arms out to the side of the body?		<input type="checkbox"/>	<input type="checkbox"/>			
3.3 Does the task involve holding the upper arms out to the side of the body without support?		<input type="checkbox"/>	<input type="checkbox"/>			
3.4 Do static postures of the shoulder or elbow occur, for more than two consecutive hours per work day?		<input type="checkbox"/>	<input type="checkbox"/>			
3.5 Does the work involve any other postures such as: <input type="checkbox"/> Awkward forward or sideways reaching? <input type="checkbox"/> Awkward reaching behind the body? <input type="checkbox"/> Awkward reaching across the body?	 <i>Workstation layout and working height can be a major influence on working postures.</i>	<input type="checkbox"/>	<input type="checkbox"/>			

4 Working posture				Describe any problem(s) and probable cause(s): <i>Note problem postures and identify parts of the upper limb involved. eg. neck held in fixed bending position to see screw holes.</i>	Describe any risk control options you have identified	Control options <i>(not exhaustive list)</i>
Head and neck		Yes	No			
4.1 Does the task involve repetitively bending or twisting the neck?	<div>Remember: the greater the deviation from a neutral position, the greater the risk.</div>	<input type="checkbox"/>	<input type="checkbox"/>			
4.2 Does the task involve holding the neck bent and/or twisted for more than 2 hours total per work day?		<input type="checkbox"/>	<input type="checkbox"/>			
4.3 Do the visual demands of the task require the worker to view fine details and adopt awkward postures?		<input type="checkbox"/>	<input type="checkbox"/>			
4.4 Do aspects of lighting such as dim light, shadow, flickering light, glare and/or reflections cause the worker to adopt awkward postures?		<input type="checkbox"/>	<input type="checkbox"/>			

5 Force		Yes	No	Describe any problem(s) and probable cause(s): eg. Drill handle is too small resulting in increased gripping force for up to 4 hours per day. Also high force applied to screws	Describe any risk control options you have identified	Control options <small>(not exhaustive list)</small>
5.1 Does the task require repetitive or static application of force?	For the hand/wrist, high-force tasks are those with estimated average individual hand force requirements of 4 kg or above.	<input type="checkbox"/>	<input type="checkbox"/>			<div>Reduce force:<ul style="list-style-type: none">■ Reduce forces necessary■ Use power tools■ Can the function be achieved differently?■ Use jigs to hold items■ Reduce weight of items■ Present items differently■ Increase mechanical advantage■ Alter task to use stronger muscles■ Use foot pedals■ If gloves used check that they are appropriate■ Maintain tools■ Ensure tools are suitable for task■ Improve handles■ Use light weight tools■ Use tool counterbalances■ Ensure tool handles fit workers comfortably</div>
5.2 Is a pinch grip being used repetitively or statically for more than two hours <u>total</u> per work day?	For example, pinching an unsupported object weighing 0.9 kg (2 lbs) or more per hand, or using a similar pinching force (eg holding a small binder clip open). 	<input type="checkbox"/>	<input type="checkbox"/>			
5.3 Does the worker use the tip of the finger, thumb or hand as a pressing tool?		<input type="checkbox"/>	<input type="checkbox"/>			
5.4 Do tools require the application of pressure on a trigger or button?		<input type="checkbox"/>	<input type="checkbox"/>			
5.5 Does the hand apply force by twisting objects/ tools or squeezing items?		<input type="checkbox"/>	<input type="checkbox"/>			
5.6 Is the hand or wrist used as a hammer?		<input type="checkbox"/>	<input type="checkbox"/>			
5.7 Is force being applied when the wrists are bent and/or with the arms raised?		<input type="checkbox"/>	<input type="checkbox"/>			
5.8 Does the task require the wearing of gloves which affect gripping?		<input type="checkbox"/>	<input type="checkbox"/>			
5.9 Do any objects, work pieces, tools or parts of the workstation impinge or create localised pressure on any part of the body?		<input type="checkbox"/>	<input type="checkbox"/>			

6 Working environment		Yes	No	Describe any problem(s) and probable cause(s): <small>eg. Workers exposed to hand vibration from drill up to 4 hours per day. Workers have cold air blowing on hands from exhaust.</small>	Describe any risk control options you have identified	Control options <small>(not exhaustive list)</small>
6.1 Are vibration exposures likely to regularly exceed HSE's recommended action level of 2.8 m/s ² A(8)? - Impulsive tools (chipping hammers, needle guns, hammer drills, etc.) may exceed HSE's recommended action level after only a few seconds use per day and are highly likely to exceed the action level after 30 minutes use per day - Rotary tools (grinders, sanders, etc.) may exceed HSE's recommended action level after only a few minutes use per day and are highly likely to exceed the action level after 2 hours use per day		<input type="checkbox"/>	<input type="checkbox"/>			Improve the working environment: ■ Use alternative process(es) ■ Select alternative lower vibration equipment ■ Use balancers/ tensioners ■ Maintain equipment ■ Reduce exposure time to vibration ■ Provide information and training ■ Conduct health surveillance ■ Avoid working in cold ■ Avoid handling or insulate cold items or tools ■ Redirect blowing air ■ Use warm clothing
6.2 Do tools create or transmit jerky actions, shock or torque (twisting)?		<input type="checkbox"/>	<input type="checkbox"/>			
6.3 Does the task involve working in cold or in draughts, particularly with cold air blowing over the hands?		<input type="checkbox"/>	<input type="checkbox"/>			
6.4 Does the task involve holding cold tool handles, work items or other cold objects?		<input type="checkbox"/>	<input type="checkbox"/>			

7 Psychosocial factors <small>(These factors are best dealt with through discussion with workers. Sensitivity may be required)</small>		Yes	No	Describe any problem(s) and probable cause(s): <small>eg. Workers are on piecework system. Support from supervision and co-workers is low.</small>	Describe any risk control options you have identified	Control options <small>(not exhaustive list)</small>
7.1 Is the work paced? ie machine or team sets the pace, or the work rate is otherwise not under the worker's control		<input type="checkbox"/>	<input type="checkbox"/>			Improve the working environment: ■ Reduce monotony ■ Ensure reasonable workload and deadlines ■ Ensure good communication and reporting of problems ■ Encourage teamwork ■ Monitor and control overtime and shiftwork ■ Reduce or monitor productivity relatedness of pay systems ■ Provide appropriate training
7.2 Is there a system of work, or piecework, which encourages workers to skip breaks or to finish early?		<input type="checkbox"/>	<input type="checkbox"/>			
7.3 Do workers find it difficult to keep up with their work?		<input type="checkbox"/>	<input type="checkbox"/>			
7.4 Do workers feel that there is a lack of support from supervisors or co-workers?		<input type="checkbox"/>	<input type="checkbox"/>			
7.5 Is there overtime/shiftwork that is unplanned, unmonitored and/or not organised to minimise risk of ULDs?		<input type="checkbox"/>	<input type="checkbox"/>			
7.6 Do the tasks require high levels of attention and concentration?		<input type="checkbox"/>	<input type="checkbox"/>			
7.7 Do the workers have little or no control over the way they do their work?		<input type="checkbox"/>	<input type="checkbox"/>			
7.8 Are there frequent tight deadlines to meet?		<input type="checkbox"/>	<input type="checkbox"/>			
7.9 Are there sudden changes in workload, or seasonal changes in volume without any mechanisms for dealing with the change?		<input type="checkbox"/>	<input type="checkbox"/>			
7.10 Do workers feel that they have been given sufficient training and information in order to carry out their job successfully?		<input type="checkbox"/>	<input type="checkbox"/>			

