

MANUAL HANDLING TASKS CHECKLIST

Company Representative:					
Workers Consulted:					
Work Area:					
Date:					
What Does the Task Involve?	Yes	No	How Heavy?	How Often?	For How Long?
Lifting?	<input type="checkbox"/>	<input type="checkbox"/>			
Pushing and/or pulling?	<input type="checkbox"/>	<input type="checkbox"/>			
Carrying?	<input type="checkbox"/>	<input type="checkbox"/>			
Reaching (over/under) or twisting?	<input type="checkbox"/>	<input type="checkbox"/>			
Twisting?	<input type="checkbox"/>	<input type="checkbox"/>			



SAMPLE

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How Dangerous is the Hazard? (Rate the Risk)	Low	<input type="checkbox"/>	Medium	<input type="checkbox"/>	High	<input type="checkbox"/>	Extreme	<input type="checkbox"/>
Reducing the Risk of Injury	Yes	No	Comments					
Can the task be eliminated?	<input type="checkbox"/>	<input type="checkbox"/>						
Can the risk of injury be reduced by:	<input type="checkbox"/>	<input type="checkbox"/>						
• Using mechanical lifting devices or conveyor systems?	<input type="checkbox"/>	<input type="checkbox"/>						
• Altering bench heights or storage heights?	<input type="checkbox"/>	<input type="checkbox"/>						
• Reducing distance	<input type="checkbox"/>	<input type="checkbox"/>						



SAMPLE

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