

## MANUAL HANDLING / ERGONOMIC RISK ASSESSMENT

<b>LOCATION:</b>	ROLLING ON ROOM		
<b>ASSESSMENT TEAM:</b>	Randolph Augustine/ Sue Neale/Rhonda Jones	<b>DATE:</b> 22/07/11	

BRIEF DESCRIPTION OF TASK	TYPE OF EMPLOYEES
Moving material on and off the roller	Roller room employee

THE TASK: DOES THIS INVOLVE?	LEVEL OF RISK If Yes, add 'X' in appropriate box			
	YES/NO	LOW	MED	HIGH
• Holding the load away from the body				
• Twisting				
• Stooping				
• Reaching Upwards				
• Large Vertical Movements				
• Cramped Body Position				
• Working at an Awkward Height				
• Poor Posture for any other Reason				
• Gripping / Squeezing				
• Finger / Hand Movements				
• Equipment Designed for Larger / Stronger Person				
• Force used at the same time as awkward Movement				
• No Variation of Tasks				
• No / Infrequent Breaks				
• Strenuous Pushing / Pulling				
• Long Carrying Distance – Give Distance :				
• Repetitive Handling				
• Insufficient Rest or Recovery				
• Work Rate Imposed by Process				

INDIVIDUAL CAPABILITY				
• Require Unusual Strength				
• Put at Risk those with a Health Problem				
• Put at Risk those who are Pregnant				
• Call for Special Information / Training				
OTHER FACTORS :				
Is the movement or posture hindered by clothing or personal protective equipment				

THE LOAD				
• Weight; 19KG				
• Bulky / Unwieldy				
• Difficult to Grasp				
• Unstable Contents Likely to Shift				
• <b>Sharp</b> , Hot / Cold or Potentially Harmful				

THE WORKING ENVIRONMENT	LEVEL OF RISK			
	If Yes, add 'X' in appropriate box			
	YES/NO	LOW	MED	HIGH
• Space Constraints Preventing Good Posture				
• Uneven, Unstable or Slippery Floors				
• Variations in Floor Level				
• Extremes of Temperature / Humidity				
• Poor Lighting Conditions				
• Noise				

REMEDIAL ACTION SUMMARY	

MANAGER'S COMMENTS	
<b>SIGNATURE:</b>	<b>DATE:</b>

OVERALL RISK ASSESSMENT : PLEASE INDICATE WITH A CROSS ('X')							
INSIGNIFICANT		LOW		MEDIUM		HIGH	

<b>SIGNATURE OF ASSESSOR :</b>	
<b>DATE :</b>	