

<b>Risk filter</b>			
<b>Task:</b> _____ <b>Assessor:</b> _____ <b>DATE:</b> _____			
<i>IF YOU ANSWER YES TO ANY OF THE STEPS, YOU SHOULD THEN MAKE A FULL RISK ASSESSMENT OF THE JOB. REMEMBER TO CONSIDER EACH OF THE BODY PARTS OF THE UPPER LIMBS (FINGERS, HANDS, WRISTS, ARMS, SHOULDERS AND NECK).</i>			
<b>Step 1: Signs and symptoms</b>			
Are there any: <input type="checkbox"/> Medically diagnosed cases of ULDs in this work? <input type="checkbox"/> Complaints of aches or pains? <input type="checkbox"/> Improvised changes to work equipment, furniture or tools?	1 Are any of these present?	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	Move on to Step 2
<b>Step 2: Repetition</b>			
Are there any repetitive elements such as: <input type="checkbox"/> Repeating the same motions every few seconds? <input type="checkbox"/> A sequence of movements repeated more than twice per minute? <input type="checkbox"/> More than 50% of the cycle time involved in performing the same sequence of motions?	For more than 2 hours total per shift?	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	Move on to Step 3
<b>Step 3: Working postures</b>			
Are there any working postures such as: <input type="checkbox"/> Large range of joint movement such as side to side or up and down? <input type="checkbox"/> Awkward or extreme joint positions? <input type="checkbox"/> Joints held in fixed positions? <input type="checkbox"/> Stretching to reach items or controls? <input type="checkbox"/> Twisting or rotating items or controls? <input type="checkbox"/> Working overhead?	For more than 2 hours total per shift?	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	Move on to Step 4
<b>Step 4: Force</b>			
Are there any forces applied such as: <input type="checkbox"/> Pushing, pulling, moving things (including with the fingers or thumb)? <input type="checkbox"/> Grasping / gripping? <input type="checkbox"/> Pinch grips ie holding or grasping objects between thumb and finger? <input type="checkbox"/> Steadying or supporting items or work pieces? <input type="checkbox"/> Shock and/or impact being transmitted to the body from tools or equipment? <input type="checkbox"/> Objects creating localised pressure on any part of the upper limb?	Sustained or repeated application of force for more than 2 hours total per shift?	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	Move on to Step 5

**Step 5: Vibration**

- Do workers use any powered hand-held or hand-guided tools or equipment or do they hand-feed work pieces to vibrating equipment?

Regularly  
(ie. at some  
point during  
most  
shifts)?

**YES**

**NO**

If you answer yes to any of the steps, you should make a full risk assessment of the job.