

Pushing and pulling of loads: Assessment checklist

Section A - Preliminary

<p>Task name:</p> <p>Task description:</p> <p>Load weight:</p> <p>Frequency of operation:</p> <p>Push/pull distances:</p> <p>Are other push/pull tasks carried out by these operators?</p> <p>Assessment discussed with employees/safety representatives:</p>	<p>Is an assessment needed? (An assessment will be needed if there is a potential risk of injury, eg if the task falls outside the guidelines in Appendix 3.)</p> <p style="text-align: center;">Yes/No*</p> <p>*Circle as appropriate</p>
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If 'Yes' continue. If 'No' the assessment need go no further.

<p>Operations covered by this assessment (detailed description):</p> <p>Locations:</p> <p>Personnel involved:</p> <p>Date of assessment:</p>	<p>Diagrams (other information including existing control measures):</p>
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<p>Overall assessment of the risk of injury? *Circle as appropriate</p>	<p style="text-align: center;">Low/ Medium/ High*</p>
<p>Make your overall assessment after you have completed Section B.</p>	

Section B: Pushing and pulling - More detailed assessment, where necessary

Questions to consider:	If yes, tick appropriate level of risk			Problems occurring from the task (Make rough notes in this column in preparation for the possible remedial action to be taken)	Possible remedial action, eg changes that need to be made to the task, load, working environment etc. Who needs to be involved in implementing the changes?
	Low	Med	High		
Do the tasks involve:					
● high initial forces to get the load moving?					
● high forces to keep the load in motion?					
● sudden movements to start, stop or manoeuvre the load?					
● twisting/manoeuvring of the load into position or around obstacles?					
● one-handed operations?					
● the hands below the waist or above shoulder height?					
● movement at high speed?					
● movement over long distances?					
● repetitive pushing/pulling?					
The load or object to be moved:					
● does it lack good handholds?					
● is it unstable/unpredictable?					
● is vision over/around it restricted?					
If on wheels/casters, are they:					
● unsuitable for the type of load?					
● unsuitable for the floor surface/work environment?					
● difficult to steer?					
● easily damaged or defective?					
● without brakes or difficult to stop?					
● with brakes, but the brakes are poor/ineffective?					
● without a planned inspection and maintenance regime based on a frequency that keeps them in working order?					

Section B: Pushing and pulling - More detailed assessment, where necessary

Questions to consider:	If yes, tick appropriate level of risk			Problems occurring from the task (Make rough notes in this column in preparation for the possible remedial action to be taken)	Possible remedial action, eg changes that need to be made to the task, load, working environment etc. Who needs to be involved in implementing the changes?
	Low	Med	High		
Consider the working environment - are there:					
● constraints on body posture/positioning?					
● confined spaces/narrow doorways?					
● surfaces or edges to cause cuts/abrasions/burns to hands or body?					
● rutted/damaged/slippery floors?					
● ramps/slopes/uneven surfaces?					
● trapping or tripping hazards?					
● poor lighting conditions?					
● hot/cold/humid conditions?					
● strong air movements?					
Consider individual capability - does the job:					
● require unusual capability?					
● hazard those with a health problem or a physical or learning difficulty?					
● hazard those who are pregnant?					
● call for special information/training?					

Section B: Pushing and pulling - More detailed assessment, where necessary

Questions to consider:	Yes/No	Problems occurring from the task (Make rough notes in this column in preparation for the possible remedial action to be taken)	Possible remedial action, eg changes that need to be made to the task, load, working environment etc. Who needs to be involved in implementing the changes?
<p>Other factors to consider <i>Equipment</i></p>			
<ul style="list-style-type: none"> ● Is movement or posture hindered by clothing or personal protective equipment? 	Yes/No		
<ul style="list-style-type: none"> ● Is there an absence of the correct/suitable PPE being worn? 	Yes/No		
<ul style="list-style-type: none"> ● Are trolleys/carts/floor surfaces poorly maintained/cleaned/repaired? 	Yes/No		
<ul style="list-style-type: none"> ● Is there a lack of a regular maintenance procedures for the equipment? 	Yes/No		
<p>Work organisation</p> <ul style="list-style-type: none"> ● Do workers feel that there has been a lack of consideration given to the planning and scheduling of tasks/rest breaks? 	Yes/No		
<ul style="list-style-type: none"> ● Do workers feel that there is poor communication between users of equipment and others (eg managers, purchasers etc)? 	Yes/No		
<ul style="list-style-type: none"> ● Are there sudden changes in workload, or seasonal changes in volume without mechanisms for dealing with the change? 	Yes/No		
<ul style="list-style-type: none"> ● Do workers feel they have not been given enough training and information to carry out the task successfully? 	Yes/No		

Section C - Remedial action to be taken

Remedial steps that should be taken, in order of priority:	Person responsible for implementing controls	Target implementation date	Completed Y/N
1			
2			
3			
4			
5			
6			
7			
8			
9			
Date by which actions should be completed:			
Date for review of assessment:			
Assessor's name:		Signature:	

TAKE ACTION . . . AND CHECK THAT IT HAS THE DESIRED EFFECT