

Risk filter			
Task: _____ Assessor: _____ DATE: _____			
<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>			
Step 1: Signs and symptoms			
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?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Move on to Step 2
Step 2: Repetition			
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?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Move on to Step 3
Step 3: Working postures			
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?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Move on to Step 4
Step 4: Force			
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?	YES <input type="checkbox"/> NO <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.