

Work related upper limb disorders risk filter

Task: _____

Assessor: _____ Date: _____

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).

Step 1: Signs and symptoms				
Are there any: <ul style="list-style-type: none"> <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? 	Are any of these present?	Yes	No	Move on to Step 2
Step 2: Repetition				
Are there any repetitive elements such as: <ul style="list-style-type: none"> <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	No	Move on to Step 3
Step 3: Working postures				
Are there any working postures such as: <ul style="list-style-type: none"> <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	No	Move on to Step 4
Step 4: Force				
Are there any forces applied such as: <ul style="list-style-type: none"> <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	No	Move on to Step 5
Step 5: Vibration				
<input type="checkbox"/> 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.