

RISK ASSESSMENT WORKSHEETS

Worksheet Reference Number

Date: _____
 Name of assessor: _____
 Task: _____
 No. of employees that conduct this task _____
 How long is the task typically undertaken for:
 a) without a break: _____
 b) in a typical shift (excluding breaks): _____

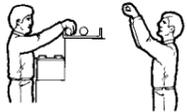
How frequently is the task undertaken (eg. daily, weekly): _____
 Other tasks undertaken by worker that may pose risk of ULDS (include worksheet reference numbers): _____

 What hand tools are used in the task: _____

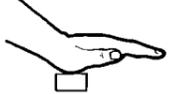
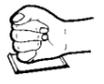
Task description:

1 Repetition				Describe any problem(s) and probable cause(s): <small>Describe what the person is doing eg. hand operation of drill 10 times per minute. Performed 3 hours per day, five days per week.</small>	Describe any risk control options you have identified	Control options <small>(not exhaustive list)</small>
For 2 consecutive hours per work day:		Yes	No			
1.1 Does the task involve repeating the same movements every few seconds?	<i>A 'Cycle' is a sequence of actions of relatively short duration that is repeated over and over, and is almost always the same. A cycle is not necessarily associated with one single joint movement, but also with complex movements of one or more parts of the body.</i>	<input type="checkbox"/>	<input type="checkbox"/>			Reduce repetition: <ul style="list-style-type: none"> ■ Mechanise or automate repetitive functions ■ Use power/ratchet tools ■ Remove machine or other pacing ■ Restructure task (Job design) ■ Remove or monitor piecework schemes Reduce duration: <ul style="list-style-type: none"> ■ Implement job enlargement ■ Ensure adequate breaks ■ Implement job rotation ■ Limit / control overtime
1.2 Is there a cycle or sequence of movements that is repeated twice per minute or more OR More than 50% of the task involves performing a repetitive sequence of motions?		<input type="checkbox"/>	<input type="checkbox"/>			
1.3 Are the wrists/hands/fingers used intensively?		<input type="checkbox"/>	<input type="checkbox"/>			
1.4 Is there repetitive shoulder/arm movement (ie regular arm movement with some pauses or almost continuous arm movement?)		<input type="checkbox"/>	<input type="checkbox"/>			
1.5 Are tools used that require repetitive finger or thumb action?		<input type="checkbox"/>	<input type="checkbox"/>			

2 Working posture		Yes	No	Describe any problem(s) and probable cause(s): <i>Note problem postures and identify parts of the upper limb involved.</i> eg. Static gripping posture used for up to 2 hours at a time, wrists repetitively bent sideways when drilling objects.	Describe any risk control options you have identified	Control options <i>(not exhaustive list)</i>
Fingers, hands and wrist						
2.1 Is the wrist bent repetitively up and/or down?	<i>Remember: the greater the deviation from a neutral position, the greater the risk.</i>	<input type="checkbox"/>	<input type="checkbox"/>			Optimise working posture: <ul style="list-style-type: none"> ■ Modify operation or production method ■ Relocate equipment or items ■ Present work items differently ■ Reduce amount of manipulation required ■ Ensure equipment accounts for differences in worker size, shape and strength ■ Ensure working heights are appropriate ■ Ensure items are within reach distances ■ Provide suitable (and adjustable) seating ■ Use fixtures/jigs ■ Alter tools or controls ■ Ensure tools are suitable for task ■ Ensure tools do not require awkward postures
2.2 Is the wrist held in a position that is bent upwards or downwards?		<input type="checkbox"/>	<input type="checkbox"/>			
2.3 Are the fingers gripping or used while the wrists are bent?		<input type="checkbox"/>	<input type="checkbox"/>			
2.4 Is the wrist bent repetitively to either side?		<input type="checkbox"/>	<input type="checkbox"/>			
2.5 Is the wrist held bent to either side?		<input type="checkbox"/>	<input type="checkbox"/>			
2.6 Are the hands repetitively turned or twisted so that the palm is facing up or downwards?		<input type="checkbox"/>	<input type="checkbox"/>			
2.7 Are the hands held with the palms facing up or down?		<input type="checkbox"/>	<input type="checkbox"/>			
2.8 Is a wide finger and/or hand span needed to grip, hold or manipulate items?		<input type="checkbox"/>	<input type="checkbox"/>			
2.9 Do static postures of the fingers, hand or wrist occur, for more than two consecutive hours per work day?		<input type="checkbox"/>	<input type="checkbox"/>			
2.10 Are there tools, equipment and/or work pieces that are poorly shaped and/or do not fit the hand comfortably?		<input type="checkbox"/>	<input type="checkbox"/>			
2.11 Are there any tools, hand held equipment or work pieces that are too large or small to be gripped easily?		<input type="checkbox"/>	<input type="checkbox"/>			
2.12 Are tools designed for right handed use only?		<input type="checkbox"/>	<input type="checkbox"/>			

3 Working posture		Yes	No	Describe any problem(s) and probable cause(s): <i>Note problem postures and identify parts of the upper limb involved. eg. Shoulder held in fixed position with elbow out to the side for up to 2 hours at a time. This is due to the work height.</i>	Describe any risk control options you have identified	Control options <i>(not exhaustive list)</i>
Arms and shoulders						
3.1 Is work performed above the head or with the elbows above the shoulders for more than 2 hours total in a working day?	<p><i>Remember: the greater the deviation from a neutral position, the greater the risk.</i></p> 	<input type="checkbox"/>	<input type="checkbox"/>			<p>Optimise working postures:</p> <ul style="list-style-type: none"> ■ Automate or mechanise ■ Modify operation or production method ■ Relocate equipment or items ■ Present work items differently ■ Reduce amount of manipulation required ■ Ensure workplaces and equipment account for differences in worker size, shape and strength ■ Ensure working heights are appropriate ■ Ensure items are within reach distances ■ Provide suitable (and adjustable) seating ■ Use fixtures/jigs ■ Alter tools or controls ■ Ensure tools are suitable for task ■ Ensure tools do not require awkward postures ■ Provide arm support for precision work
3.2 Does the task involve repetitively moving the upper arms out to the side of the body?		<input type="checkbox"/>	<input type="checkbox"/>			
3.3 Does the task involve holding the upper arms out to the side of the body without support?		<input type="checkbox"/>	<input type="checkbox"/>			
3.4 Do static postures of the shoulder or elbow occur, for more than two consecutive hours per work day?		<input type="checkbox"/>	<input type="checkbox"/>			
3.5 Does the work involve any other postures such as:	<ul style="list-style-type: none"> <input type="checkbox"/> Awkward forward or sideways reaching? <input type="checkbox"/> Awkward reaching behind the body? <input type="checkbox"/> Awkward reaching across the body?   <p><i>Workstation layout and working height can be a major influence on working postures.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>			

4 Working posture		Yes	No	Describe any problem(s) and probable cause(s): <i>Note problem postures and identify parts of the upper limb involved. eg. neck held in fixed bending position to see screw holes.</i>	Describe any risk control options you have identified	Control options <i>(not exhaustive list)</i>
Head and neck						
4.1 Does the task involve repetitively bending or twisting the neck?	<p><i>Remember: the greater the deviation from a neutral position, the greater the risk.</i></p> 	<input type="checkbox"/>	<input type="checkbox"/>			<p>Optimise working postures:</p> <ul style="list-style-type: none"> ■ Ensure visual requirements are not too demanding ■ Provide visual aids ■ Ensure lighting is suitable ■ Reposition items that workers are required to look at
4.2 Does the task involve holding the neck bent and/or twisted for more than 2 hours total per work day?		<input type="checkbox"/>	<input type="checkbox"/>			
4.3 Do the visual demands of the task require the worker to view fine details and adopt awkward postures?	<input type="checkbox"/>	<input type="checkbox"/>				
4.4 Do aspects of lighting such as dim light, shadow, flickering light, glare and/or reflections cause the worker to adopt awkward postures?	<input type="checkbox"/>	<input type="checkbox"/>				

5 Force		Yes	No	Describe any problem(s) and probable cause(s): eg. Drill handle is too small resulting in increased gripping force for up to 4 hours per day. Also high force applied to screws	Describe any risk control options you have identified	Control options (not exhaustive list)
5.1 Does the task require repetitive or static application of force?	<i>For the hand/wrist, high-force tasks are those with estimated average individual hand force requirements of 4 kg or above.</i>	<input type="checkbox"/>	<input type="checkbox"/>			
5.2 Is a pinch grip being used repetitively or statically for more than two hours <u>total</u> per work day?	<i>For example, pinching an unsupported object weighing 0.9 kg (2 lbs) or more per hand, or using a similar pinching force (eg holding a small binder clip open).</i> 	<input type="checkbox"/>	<input type="checkbox"/>			
5.3 Does the worker use the tip of the finger, thumb or hand as a pressing tool?	 	<input type="checkbox"/>	<input type="checkbox"/>			
5.4 Do tools require the application of pressure on a trigger or button?		<input type="checkbox"/>	<input type="checkbox"/>			
5.5 Does the hand apply force by twisting objects/ tools or squeezing items?		<input type="checkbox"/>	<input type="checkbox"/>			
5.6 Is the hand or wrist used as a hammer?	 	<input type="checkbox"/>	<input type="checkbox"/>			
5.7 Is force being applied when the wrists are bent and/or with the arms raised?	 	<input type="checkbox"/>	<input type="checkbox"/>			
5.8 Does the task require the wearing of gloves which affect gripping?		<input type="checkbox"/>	<input type="checkbox"/>			
5.9 Do any objects, work pieces, tools or parts of the workstation impinge or create localised pressure on any part of the body?		<input type="checkbox"/>	<input type="checkbox"/>			

6 Working environment		Yes	No	Describe any problem(s) and probable cause(s): <i>eg. Workers exposed to hand vibration from drill up to 4 hours per day. Workers have cold air blowing on hands from exhaust.</i>	Describe any risk control options you have identified	Control options <i>(not exhaustive list)</i>
6.1 Are vibration exposures likely to regularly exceed HSE's recommended action level of 2.8 m/s ² A(8)?		<input type="checkbox"/>	<input type="checkbox"/>			Improve the working environment: <ul style="list-style-type: none"> ■ Use alternative process(es) ■ Select alternative lower vibration equipment ■ Use balancers/ tensioners ■ Maintain equipment ■ Reduce exposure time to vibration ■ Provide information and training ■ Conduct health surveillance ■ Avoid working in cold ■ Avoid handling or insulate cold items or tools ■ Redirect blowing air ■ Use warm clothing
- Impulsive tools (chipping hammers, needle guns, hammer drills, etc.) may exceed HSE's recommended action level after only a few seconds use per day and are highly likely to exceed the action level after 30 minutes use per day						
- Rotary tools (grinders, sanders, etc.) may exceed HSE's recommended action level after only a few minutes use per day and are highly likely to exceed the action level after 2 hours use per day						
6.2 Do tools create or transmit jerky actions, shock or torque (twisting)?		<input type="checkbox"/>	<input type="checkbox"/>			
6.3 Does the task involve working in cold or in draughts, particularly with cold air blowing over the hands?		<input type="checkbox"/>	<input type="checkbox"/>			
6.4 Does the task involve holding cold tool handles, work items or other cold objects?		<input type="checkbox"/>	<input type="checkbox"/>			

7 Psychosocial factors <i>(These factors are best dealt with through discussion with workers. Sensitivity may be required)</i>		Yes	No	Describe any problem(s) and probable cause(s): <i>eg. Workers are on piecework system. Support from supervision and co-workers is low.</i>	Describe any risk control options you have identified	Control options <i>(not exhaustive list)</i>
7.1 Is the work paced? ie machine or team sets the pace, or the work rate is otherwise not under the worker's control		<input type="checkbox"/>	<input type="checkbox"/>			Improve the working environment: <ul style="list-style-type: none"> ■ Reduce monotony ■ Ensure reasonable workload and deadlines ■ Ensure good communication and reporting of problems ■ Encourage teamwork ■ Monitor and control overtime and shiftwork ■ Reduce or monitor productivity relatedness of pay systems ■ Provide appropriate training
7.2 Is there a system of work, or piecework, which encourages workers to skip breaks or to finish early?		<input type="checkbox"/>	<input type="checkbox"/>			
7.3 Do workers find it difficult to keep up with their work?		<input type="checkbox"/>	<input type="checkbox"/>			
7.4 Do workers feel that there is a lack of support from supervisors or co-workers?		<input type="checkbox"/>	<input type="checkbox"/>			
7.5 Is there overtime/shiftwork that is unplanned, unmonitored and/or not organised to minimise risk of ULDs?		<input type="checkbox"/>	<input type="checkbox"/>			
7.6 Do the tasks require high levels of attention and concentration?		<input type="checkbox"/>	<input type="checkbox"/>			
7.7 Do the workers have little or no control over the way they do their work?		<input type="checkbox"/>	<input type="checkbox"/>			
7.8 Are there frequent tight deadlines to meet?		<input type="checkbox"/>	<input type="checkbox"/>			
7.9 Are there sudden changes in workload, or seasonal changes in volume without any mechanisms for dealing with the change?		<input type="checkbox"/>	<input type="checkbox"/>			
7.10 Do workers feel that they have been given sufficient training and information in order to carry out their job successfully?		<input type="checkbox"/>	<input type="checkbox"/>			

