

## 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 personnel?</p> <p>Assessments discussed with employees/safety representatives:</p>	<p>Is an assessment needed? (An assessment will be needed if there is a potential risk of injury, e.g. if the task falls outside the guidelines in the HSE filter).</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 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>Low / Medium / High</p>
<p>Make your overall assessment <b>after</b> you have completed <b>Section B</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, e.g. changes that need to be made to the task, load, working environment etc. Who needs to be involved in implementing the changes?
	L	M	H		
<b>Do the tasks involve:</b>					
▪ 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 the shoulder height?					
▪ movement at high speed?					
▪ movement over long distances?					
▪ repetitive pushing and pulling?					
<b>The load or object to be moved:</b>					
▪ does it lack good handholds?					
▪ is it unstable/unpredictable?					
▪ is vision over/around it restricted?					
<b>If on wheels/castors, are they:</b>					
▪ unsuitable for the type of load?					
▪ unsuitable for the floor surface/work environment?					

**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, e.g. changes that need to be made to the task, load, working environment etc. Who needs to be involved in implementing the changes?
	L	M	H		
▪ 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?					
<b>Consider the working environment – are there:</b>					
▪ 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?					

**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, e.g. changes that need to be made to the task, load, working environment etc. Who needs to be involved in implementing the changes?
	L	M	H		
Consider <b>individual capability</b> – does the job:					
▪ require unusual capability?					
▪ pose a risk to those with health problems or a physical or learning difficulty?					
▪ pose a risk to those who are pregnant?					
▪ call for special information/training?					
<b>Other factors to consider</b>					
<i>Equipment</i>					
▪ Is movement or posture hindered by clothing or personal protective equipment?	Yes / No				
▪ Is there an absence of correct/suitable PPE being worn?	Yes / No				
▪ Are trolleys/carts/floor surfaces poorly maintained/cleaned/repaired?	Yes / No				
▪ Is there a lack of regular maintenance procedures for the equipment?	Yes / No				

**Section B: Lifting and carrying – 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, e.g. changes that need to be made to the task, load, working environment etc. Who needs to be involved in implementing the changes?
<b><i>Work organisation</i></b>			
<ul style="list-style-type: none"> <li>▪ Do workers feel there has been a lack of consideration given to the planning and scheduling of tasks/rest breaks?</li> </ul>	Yes / No		
<ul style="list-style-type: none"> <li>▪ Do workers feel that there is poor communication between users of equipment and others (e.g. managers, purchasers, etc.)?</li> </ul>	Yes / No		
<ul style="list-style-type: none"> <li>▪ Are there sudden changes in workload, or seasonal changes in volume without mechanisms for dealing with the change?</li> </ul>	Yes / No		
<ul style="list-style-type: none"> <li>▪ Do workers feel they have not been given enough training and information to carry out the task successfully?</li> </ul>	Yes / No		

**Section C – Remedial action to be taken**

Remedial action to 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:			
Assessors name:		Signature:	

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