

.....  
(PCBU Name)

## Manual Tasks Checklist

If you mark any NO box on the checklist, you need to take action to make your workplace safer.

Date checklist completed:.....

Name of person who completed checklist: .....

Position title: .....

### Work tasks

Can all materials be lifted and carried easily? Yes  No

Are mechanical aids (such as trolleys and hoists) available and used? Yes  No

Are workers trained in manual handling techniques and the use of mechanical aids? Yes  No

### Work equipment

Are work benches a comfortable height? Yes  No

Are chair backs and seat heights adjustable? Yes  No

Is office equipment (such as computer keyboards and screens) adjusted to avoid body strain? Yes  No

Are storage shelves organised to minimise bending and stretching? Yes  No

### Work organisation

Are tasks rotated to avoid repetitive work? Yes  No

Is work planned to balance out periods of high and low demand? Yes  No

Are workers able to take adequate breaks? Yes  No

### Work area

Do workers have adequate space to enable ease of movement? Yes  No

Are items that are regularly-used within easy reach? Yes  No

Is there sufficient clearance around machines or equipment to enable access for maintenance and repair? Yes  No

*See also the Code of Practice 'Hazardous Manual Tasks' at [www.worksafe.tas.gov.au](http://www.worksafe.tas.gov.au) – search for 'code'.*