



Below is a checklist to support Drivers in relation to any manual tasks they may undertake in the course of their representation of Ola. Rectifications and ongoing management of manual handling are to be managed by Drivers directly. This document is provided as a resource only.

Manual Tasks Risk Factors	YES	NO	Comments [describe what the person is doing] (i.e. when and where is it happening? What is causing it —what is/are the source(s) of the risk?)
<b>Question 1 — Does the task involve repetitive or sustained postures, movements or forces?</b>			
Tick <b>yes</b> if the task requires any of the following actions to be done: <ul style="list-style-type: none"> <li>• repetitively (done more than twice a minute) OR</li> <li>• sustained (done for more than 30 seconds at a time)</li> </ul>			
<b>Posture and Movement</b>			
Bending the back forward or sideways more than 20 degrees	<input type="checkbox"/>	<input type="checkbox"/>	
Twisting the back more than 20 degrees	<input type="checkbox"/>	<input type="checkbox"/>	
Any visible backward bending	<input type="checkbox"/>	<input type="checkbox"/>	
Bending the head forwards or sideways more than 20 degrees	<input type="checkbox"/>	<input type="checkbox"/>	
Any visible bending of the head backwards	<input type="checkbox"/>	<input type="checkbox"/>	
Twisting the neck more than 20 degrees	<input type="checkbox"/>	<input type="checkbox"/>	
Working with one or both hands above shoulder height	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching forwards or sideways more than 30 cm from the body	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching behind the body	<input type="checkbox"/>	<input type="checkbox"/>	
Squatting, kneeling, crawling, lying, semi-lying or jumping	<input type="checkbox"/>	<input type="checkbox"/>	
Standing with most of the body's weight on one leg	<input type="checkbox"/>	<input type="checkbox"/>	
Twisting, turning, grabbing, picking or wringing actions with the fingers, hands or arms	<input type="checkbox"/>	<input type="checkbox"/>	
Working with the fingers close together or wide apart	<input type="checkbox"/>	<input type="checkbox"/>	
Very fast movements	<input type="checkbox"/>	<input type="checkbox"/>	
Bending of the wrist beyond the angle indicated	<input type="checkbox"/>	<input type="checkbox"/>	



<b>Forces</b>			
Lifting, lowering or carrying	<input type="checkbox"/>	<input type="checkbox"/>	
Carrying with one hand or one side of the body	<input type="checkbox"/>	<input type="checkbox"/>	
Exerting force with one hand or one side of the body	<input type="checkbox"/>	<input type="checkbox"/>	
Pushing, pulling or dragging	<input type="checkbox"/>	<input type="checkbox"/>	
Gripping with the fingers pinched together or held wide apart	<input type="checkbox"/>	<input type="checkbox"/>	
Using a finger grip, pinch grip, or an open handed grip to handle a load	<input type="checkbox"/>	<input type="checkbox"/>	
Exerting force while in an awkward posture, for example, supporting items while arms or shoulders are in an awkward posture, or moving items while legs are in an awkward posture	<input type="checkbox"/>	<input type="checkbox"/>	
Holding, supporting or restraining any object, person, animal or tool	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Question 2 — Does the task involve long duration?</b>			
Tick <b>yes</b> if the task is done for: <ul style="list-style-type: none"> <li>• More than 2 hours over a whole shift, OR</li> <li>• Continually for more than 60 minutes at a time</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Question 3 – Does the task involve high force? [Tick yes if the task involves any of the following actions]:</b>			
Lifting, lowering or carrying heavy loads	<input type="checkbox"/>	<input type="checkbox"/>	
Pushing or pulling objects that are hard to move or are hard to stop (eg a trolley)	<input type="checkbox"/>	<input type="checkbox"/>	
Using a finger-grip, a pinch-grip or an open handed grip to handle a heavy or large load	<input type="checkbox"/>	<input type="checkbox"/>	
Exerting force at the limit of the grip span	<input type="checkbox"/>	<input type="checkbox"/>	
Needing to use two hands to operate a tool designed for one hand	<input type="checkbox"/>	<input type="checkbox"/>	
Holding, supporting or restraining a person, animal or heavy object	<input type="checkbox"/>	<input type="checkbox"/>	
Exerting force with the non-preferred hand	<input type="checkbox"/>	<input type="checkbox"/>	
Two or more people need to be assigned to handle a heavy or bulky load	<input type="checkbox"/>	<input type="checkbox"/>	



During the application of high force, the body is in a bent, twisted or otherwise awkward posture	<input type="checkbox"/>	<input type="checkbox"/>	
Applying force suddenly in response to unexpected forces (for example, when an animal suddenly moves)	<input type="checkbox"/>	<input type="checkbox"/>	
Hitting or kicking	<input type="checkbox"/>	<input type="checkbox"/>	
Holding, supporting or restraining a person or animal likely to move unexpectedly	<input type="checkbox"/>	<input type="checkbox"/>	
Throwing or catching	<input type="checkbox"/>	<input type="checkbox"/>	
Jumping while holding a load	<input type="checkbox"/>	<input type="checkbox"/>	
The task can only be done for short periods	<input type="checkbox"/>	<input type="checkbox"/>	
Pain or significant discomfort during or after the task	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Question 4 — Is there a risk?</b>			
<b>Does the task involve repetitive or sustained postures, movements or forces, and long duration?</b>			
Tick <b>yes</b> if you ticked any boxes in Question 1 AND Question 2 <b>The task is a risk. Risk control is required.</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Does the task involve high force?</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Tick <b>yes</b> if you ticked any box in Question 3 <b>The task is a risk. Risk control is required.</b>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Action Required: [Address all questions that have a YES response]</b>
<b>What are the sources of risk?</b> What needs to be fixed to eliminate or reduce the risk for each factor ticked in Question 1, 2, 3 and 5? <b>Further information can be obtained on risk and control measures from the relevant code of practice.</b>
<b>Short Term</b>



<b>Medium Term</b>	
<b>Long Term</b>	
<i>Date actions completed: :</i>	
<b>Name:</b>	<b>Position:</b>
<b>Signature:</b>	