

1 Introduction

INSTITUTE / CENTRE	<input type="text"/>	CAMPUS	<input type="text"/>
TASK UNDER REVIEW	<input type="text"/>		
	<input type="text"/>		
PEOPLE CONDUCTING REVIEW	<i>Institute, Directorate or Centre Management Representative</i>		
	<i>Health and Safety Representative</i>		
	<i>Employees who perform task</i>		
	<input type="text"/>		
	<input type="text"/>		
REASON FOR REVIEW	<input type="checkbox"/> A report of musculoskeletal disorder is associated with this existing task <input type="checkbox"/> Staff have expressed OHS concerns about this existing task <input type="checkbox"/> New OHS information has become available in relation to this existing task <input type="checkbox"/> Changes are being made to this existing task, object, tool, etc <input type="checkbox"/> A new manual handling task is being introduced into the workplace <input type="checkbox"/> Other:		

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HIRAC Table for Manual Handling Tasks

Section 2a: Identify Risks – Long Duration Tasks	Comments
Step A: If the task is performed for more than 2 hours over a whole shift, OR continually for more than 30 minutes at a time, go to Steps B and C below. If not, go directly to Section 2b overleaf.	
Step B: Tick the relevant box(es) if the task requires any of the following actions to be done more than twice a minute (repetitive) OR more than 30 seconds at a time (sustained):	
<input type="checkbox"/> Bending the back forwards or sideways more than 20 degrees	_____
<input type="checkbox"/> Twisting the back more than 20 degrees	_____
<input type="checkbox"/> Backward bending of the back more than 5 degrees	_____
<input type="checkbox"/> Bending the head forwards or sideways more than 20 degrees	_____
<input type="checkbox"/> Twisting the neck more than 20 degrees	_____
<input type="checkbox"/> Bending the head backwards more than 5 degrees	_____
<input type="checkbox"/> Working with one or both hands above shoulder height	_____
<input type="checkbox"/> Reaching forwards or sideways more than 30 cm from the body	_____
<input type="checkbox"/> Reaching behind the body	_____
<input type="checkbox"/> Squatting, kneeling, crawling, lying, semi-lying or jumping	_____
<input type="checkbox"/> Standing with most of the body's weight on one leg	_____
<input type="checkbox"/> Twisting, turning, grabbing, picking or wringing actions with the fingers, hands or arms	_____
<input type="checkbox"/> Working with the fingers close together or wide apart	_____
<input type="checkbox"/> Very fast movements	_____
<input type="checkbox"/> Excessive bending of the wrist	_____
Step C: Tick the relevant box(es) if the task requires the application of force whilst:	
<input type="checkbox"/> Lifting or lowering	_____
<input type="checkbox"/> Carrying with one hand or one side of the body	_____
<input type="checkbox"/> Exerting force with one hand or one side of the body	_____
<input type="checkbox"/> Pushing, pulling or dragging	_____
<input type="checkbox"/> Gripping with the fingers pinched together or held wide apart	_____
<input type="checkbox"/> Exerting force while in an awkward posture (e.g. supporting items while arms or shoulders are in an awkward posture)	_____
<input type="checkbox"/> Moving items while legs are in an awkward posture	_____
<input type="checkbox"/> Holding, supporting or restraining any object, person, animal or tool	_____

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Section 2b: Identify Risks – High Forces	Comments
Tick the relevant box(es) if the task involves any of the following high force actions, even if force is applied only once	
<input type="checkbox"/> Lifting, lowering or carrying heavy loads	_____
<input type="checkbox"/> Applying uneven, fast or jerky forces during lifting, carrying, pushing or pulling	_____
<input type="checkbox"/> Applying sudden or unexpected forces (e.g. when handling a person or animal)	_____
<input type="checkbox"/> Pushing or pulling objects that are hard to move or to stop (e.g. a trolley)	_____
<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"/> Exerting force at the limit of the grip span	_____
<input type="checkbox"/> Needing to use two hands to operate a tool designed for one hand	_____
<input type="checkbox"/> Throwing or catching	_____
<input type="checkbox"/> Hitting or kicking	_____
<input type="checkbox"/> Holding, supporting or restraining a person, animal or heavy object	_____
<input type="checkbox"/> Jumping while holding a load	_____
<input type="checkbox"/> Exerting force with the non-preferred hand	_____
<input type="checkbox"/> Two or more people need to be assigned to handle a heavy or bulky load	_____
<input type="checkbox"/> Exerting high force while in an awkward posture (refer to Section 2a, Step B for guidance on awkward postures)	_____
Tick the relevant box(es) if the employees performing the task report any of the following:	
<input type="checkbox"/> Pain or significant discomfort during or after the task	_____
<input type="checkbox"/> The task can only be done for short periods	_____
<input type="checkbox"/> Stronger employees are assigned to do the task	_____
<input type="checkbox"/> Employees think task should be done by more than one person, or seek help to do task	_____
<input type="checkbox"/> Employees say the task is physically very strenuous or difficult to do	_____

3 Risk Assessment

If any box has been ticked in Section 2a and/or 2b, the task presents a risk of injury. In addition, this injury risk may be aggravated by environmental conditions:

Compounding Risk Factors – Environmental	Compounding Risk Factor – Injury Experience
Tick the relevant box(es) if the task involves any of the following compounding risk factors	
<input type="checkbox"/> Vibration (hand-arm or whole-body)	The report of a Musculo Skeletal Disorder (MSD) associated with the task usually means increased risk so implementing risk controls should be a high priority. In such cases, a documented risk control plan is mandatory. <input type="checkbox"/> Has there been a report of a MSD associated with this task?
<input type="checkbox"/> High temperatures	
<input type="checkbox"/> Radiant heat	
<input type="checkbox"/> High humidity	
<input type="checkbox"/> Low temperatures	
<input type="checkbox"/> Wearing protective clothing while working in hot conditions	
<input type="checkbox"/> Wearing thick clothing while working in cold conditions (e.g. gloves)	
<input type="checkbox"/> Handling very cold or frozen objects	
<input type="checkbox"/> Working in hot conditions and are not used to it	

Note: By law, risks of manual handling injuries must be eliminated or controlled as far as is practicable. Generally, the greater the number of boxes ticked in Sections 2 and 3, the higher the risk of injury. And the higher the risk of injury, the greater the need for a documented risk control plan.

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4 Risk Control Plan

Note: A combination of risk control measures may be required to decrease risk as far as practicable.

1. Can you stop doing the task or part of the task to eliminate the risk? ☐ Yes (document below how this will be achieved) ☐ No, or only part of it
2. Can you eliminate or reduce the risk by doing one or more of these things? (Document the actions below and consider what information, instruction, training and supervision may be necessary to make these controls work properly.)
- ☐ a) altering the workplace ☐ d) changing the objects used in the task, or
- ☐ b) altering the environmental conditions ☐ e) using mechanical aids
- ☐ c) altering the systems of work
3. Can you reduce the risk with information, instruction, training and supervision? (Document below)

Short-term (immediately to within a few weeks)

Action required	Person responsible	Completion date	Reviewed date	Action completed

Medium-term (within a few weeks to a couple of months)

Action required	Person responsible	Completion date	Reviewed date	Action completed

Long-term (within several months)

Action required	Person responsible	Completion date	Reviewed date	Action completed

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