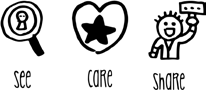
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| --- | --- | --- | --- |
| **ES04b** | **Pushing and Pulling Risk Assessment** | | |
| **Unit Name** |  | **Unit Number** |  |
| **Risk Assessment Completed** | Date | Signed | |
| **1st review** | Date | Signed | |
| **2nd review** | Date | Signed | |
| **3rd review** | Date | Signed | |

**Note** - Risk assessments must be reviewed every 3 years, whenever there is a significant change in the activity, and following any incident involving the activity. Risk assessments must be retained for a period of 6 years.

|  |  |  |  |
| --- | --- | --- | --- |
| Task name: |  | | |
| Task description/location: |  | | |
| Maximum load weight: |  | Frequency of operation: |  |
| Push/pull distances: |  | People involved: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Step 1** – Assess the task | | | | |
| Do the tasks involve: | YES | NO | Problems with the task | Possible remedial actions. What can be done to help? |
| high initial force to get the load moving? |  |  |  |  |
| * high forces to keep the load in motion? |  |  |
| * sudden movements to start, stop or manoeuvre the load? |  |  |
| * twisting of the load into position or around obstacles? |  |  |
| * one-handed operations? |  |  |
| * the hands below the waist or above shoulder height? |  |  |
| * movement at high speed? |  |  |
| * movement over long distances? |  |  |
| * repetitive pushing/pulling? |  |  |

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| Document Name | **Pushing and Pulling Risk Assessment** | Document No | **WS.RA.ES.04b.01** |
| Document Owner | **Workplace Safety** | Date of Issue | **July 2022** |
| Classification | **Internal Use** | Version No | **1.0** |



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| **Step 2** – Consider individual capability | | | | |
| Does the job: | YES | NO | Problems with the task | Possible remedial actions. What can be done to help? |
| * require unusual capability? |  |  |  |  |
| * pose a risk to anyone with a health problem? |  |  |
| * pose a risk to anyone with a disability? |  |  |
| * pose a risk to those who are pregnant? |  |  |
| * pose a risk to new/ young people? |  |  |
| * require special information/training? |  |  |

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| **Step 3** – Assess the load | | | | |
| The load to be moved: | YES | NO | Problems with the task | Possible remedial actions. What can be done to help? |
| * does it lack good handholds? |  |  |  |  |
| * is it unstable/ unpredictable? |  |  |
| * is it sharp/hot? |  |  |
| * is vision over/around it restricted? |  |  |
| * If on wheels/castors, are they: |  |  |
| * unsuitable for the type of load? |  |  |
| * unsuitable for the floor surface? |  |  |
| * difficult to steer? |  |  |
| * easily damaged or defective? |  |  |
| * without brakes or difficult to stop? |  |  |
| * with brakes, but the brakes are poor/ ineffective? |  |  |
| * not maintained or inspected regularly? |  |  |

Continued overleaf

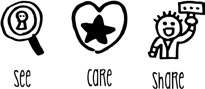
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| **Step 4** – Consider the working environment | | | | |
| Are there: | YES | NO | Problems with the task | Possible remedial actions. What can be done to help? |
| * constraints on body posture/positioning? |  |  |  |  |
| * confined spaces/ narrow doorways? |  |  |
| * sharp/hot surfaces or edges? |  |  |
| * rutted/damaged/slippery floors? |  |  |
| * ramps/slopes/steps/ uneven surfaces? |  |  |
| * trapping or tripping hazards? |  |  |
| * poor lighting conditions? |  |  |
| * hot/cold/humid conditions? |  |  |
| * strong winds or air movements? |  |  |

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| **Step 5** – Consider other factors | | | | |
| Does the job: | YES | NO | Problems with the task | Possible remedial actions. What can be done to help? |
| * require any PPE?   *Some equipment used may require gloves to be worn when using.*  *Consider protective footwear. Where there is a risk of injury,*  *e.g. crush/bruising injuries to the foot from a trolley/cage wheel running over the foot.* |  |  |  |  |
| * Require any additional considerations not covered in the above?   *For example, think about timing. Is the task being caried out at the most suitable time of the day, e.g. when the area is not heavily populated. Consider tasks being completed outside of business operational hours. Review ES12 Lone Working Risk Assessment and ES12a*  *Lone Workers Workplace Checklist if required.* |  |  |  |  |

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| **Step 6** – Action plan | | | |
| Action to be taken | By whom? | By when? | Completed Y/N |
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