

SAMPLE MANUAL HANDLING CODE OF PRACTICE

Company:
Workplace Address:

Introduction

This code sets out requirements that this company will follow for the reduction of MSIs due to manual handling at this workplace.

Administering the Code of Practice

Code of Practice Administrator:	
Phone No.:	Email:

The code of practice administrator is authorized by the employer to manage the manual handling code of practice and to ensure employees are trained in the following as required:

- Musculoskeletal injury (MSI) prevention
- How to properly move to avoid bending and twisting (proper body mechanics)
- Appropriate warm-up and stretch exercises
- The benefits of job rotation
- Storage techniques to avoid poor posture
- Two-person lifts
- How to safely use manual handling equipment that may be provided (forklift, pallet jack, scissor cart, etc.)
- The workplace's internal system for incident reporting

Employees are responsible to report all manual handling health and safety issues to their supervisor and then, if necessary, to the code of practice administrator as per the company's incident reporting process. All employees must cooperate with the administrator in the performance of the administrator's duties.

Initially complete:

- Step 1 - Hazard Identification
- Step 2 - Risk Identification
- Step 3 - Implementation of controls (include any procedures or other relevant documents with this code of practice)

Yearly evaluation

- Step 4 - Evaluation
- Step 5 - Conclusion

▼ Step 1 - Hazard Identification

Complete this section for EVERY applicable task											
Administrator:						Date of assessment:					
Person(s) at risk:											
Task name/description:											
		<input checked="" type="checkbox"/>					Actual		Objective		
Injury analysis		<input type="checkbox"/>	Incident frequency								
			Lost time								
			All incidents								
			Number of incidents								
			Comments:								
Employee or supervisor concerns as reported through the incident reporting process		<input type="checkbox"/>	List of concerns:								
<i>Body Discomfort Survey</i> has been administered		<input type="checkbox"/>	Comments:								
<i>Note: Any Discomfort Survey result over "5" should be considered a high risk for injury.</i>											
Body Part		Neck	Left Shoulder	Right Shoulder	Left Elbow	Right Elbow	Left Wrist /Hand	Right Wrist /Hand	Back	Left Knee	Right Knee
Average Discomfort Survey Score	Actual										
	Objective										



Summary of results:

▼ Step 2

- Risk Identification

▼ Step 3

- Implementation of Controls

Risk Factors <i>(Check all that apply)</i>	Engineering Controls <i>(The first controls to be implemented)</i> (Check all that apply)	Administrative Controls (Check all that apply)	Emergency procedures (When Engineering and Administrative Controls fail or cannot be used)
<input type="checkbox"/> Weight >25 kg¹ 	<input type="checkbox"/> Mechanical assistance (details): <input type="checkbox"/> Decrease the load/weight <input type="checkbox"/> Other	<input type="checkbox"/> Two-person lift ² <input type="checkbox"/> Training in body mechanics <input type="checkbox"/> Procedure (attach to this code of practice) <input type="checkbox"/> Other	<input type="checkbox"/> Delay the task until controls are in place <input type="checkbox"/> Other
<input type="checkbox"/> Lift Frequency (between 2 and 8 hours per day) 1 lift/5 min = 21 kg 1 lift/min = 18.75 kg 2 lifts/min = 16.25 kg 4 lifts/min = 11.25 kg 6 lifts/min = 6.75 kg	<input type="checkbox"/> Mechanical assistance (details): <input type="checkbox"/> Other	<input type="checkbox"/> Job rotation <input type="checkbox"/> Training in body mechanics <input type="checkbox"/> Procedure (attach to this code of practice) <input type="checkbox"/> Other	<input type="checkbox"/> Delay the task until controls are in place <input type="checkbox"/> Implement a work/rest regime <input type="checkbox"/> Other
<input type="checkbox"/> Initial Push/Pull >320 N 	<input type="checkbox"/> Mechanical assistance (details): <input type="checkbox"/> Appropriate wheels and bearings <input type="checkbox"/> Reduce surface friction <input type="checkbox"/> Decrease the load/weight <input type="checkbox"/> Modify the equipment (optimize handle position, etc.) <input type="checkbox"/> Other	<input type="checkbox"/> Preventive maintenance program for equipment (wheels and bearings, etc.) <input type="checkbox"/> Training in body mechanics <input type="checkbox"/> Procedure (attach to this code of practice) <input type="checkbox"/> Other	<input type="checkbox"/> Delay the task until controls are in place <input type="checkbox"/> Delay the load into smaller parts to manually lift and carry in accordance with the weight restriction of this code of practice. <input type="checkbox"/> Other

¹ To lower the risk for people at work, particularly those with less physical capability, the recommended limit for mass should not exceed 15 kg. This will increase the level of health protection afforded to the working population by up to 95%. (ISO 11228-1)





² As an approximate guide, the capability of a two-person team is 2/3 the sum of their individual capabilities and, for a three-person team, the capability is half the sum of their individual capabilities. (ISO 11228-1)

▼ Step 2

- Risk Identification

▼ Step 3

- Implementation of Controls

Risk Factors <i>(Check all that apply)</i>	Engineering Controls <i>(The first controls to be implemented)</i> (Check all that apply)	Administrative Controls (Check all that apply)	Emergency procedures (When Engineering and Administrative Controls fail or cannot be used)
<input type="checkbox"/> >10,000 kg lifted per 8 hour period 	<input type="checkbox"/> Mechanical assistance (details): <input type="checkbox"/> Decrease the load/weight <input type="checkbox"/> Other	<input type="checkbox"/> Job rotation <input type="checkbox"/> Training in body mechanics <input type="checkbox"/> Procedure (attach to this code of practice) <input type="checkbox"/> Other	<input type="checkbox"/> Delay the task until controls are in place <input type="checkbox"/> Implement a work/rest regime <input type="checkbox"/> Other
<input type="checkbox"/> Working below mid-thigh 	<input type="checkbox"/> Mechanical assistance (details): <input type="checkbox"/> Raise the start/end position of the load <input type="checkbox"/> Other	<input type="checkbox"/> Job rotation <input type="checkbox"/> Training in body mechanics <input type="checkbox"/> Procedure (attach to this code of practice) <input type="checkbox"/> Other	<input type="checkbox"/> Delay the task until controls are in place <input type="checkbox"/> Implement a work/rest regime <input type="checkbox"/> Other
<input type="checkbox"/> Twisting 	<input type="checkbox"/> Mechanical assistance (details): <input type="checkbox"/> Relocate the load to encourage foot movement <input type="checkbox"/> Other	<input type="checkbox"/> Job rotation <input type="checkbox"/> Training in body mechanics <input type="checkbox"/> Procedure (attach to this code of practice) <input type="checkbox"/> Other	<input type="checkbox"/> Delay the task until controls are in place <input type="checkbox"/> Implement a work/rest regime <input type="checkbox"/> Other
<input type="checkbox"/> Working above shoulder height 	<input type="checkbox"/> Mechanical assistance (details): <input type="checkbox"/> Lower the start/end position of the load <input type="checkbox"/> Other	<input type="checkbox"/> Training in body mechanics <input type="checkbox"/> Procedure (attach to this code of practice) <input type="checkbox"/> Other	<input type="checkbox"/> Delay the task until controls are in place <input type="checkbox"/> Implement a work/rest regime <input type="checkbox"/> Other

▼ Step 4 - Evaluation

Complete this evaluation (at least annually) for EVERY task											
Administrator/evaluator:						Date of assessment:					
Person(s) at risk:											
Task name/description:											
		<input checked="" type="checkbox"/>		Initial	Current	Objective	Objective met (Yes/No)				
Injury analysis		<input type="checkbox"/>	Incident frequency								
			Lost time								
			All incidents								
			Number of incidents								
			Comments:								
Initial employee or supervisor concerns as reported through the incident reporting process		<input type="checkbox"/>	List of concerns:								
Current employee or supervisor concerns as reported through the incident reporting process		<input type="checkbox"/>	List of concerns:								
<i>Body Discomfort Survey</i> has been administered		<input type="checkbox"/>	Comments:								
<i>Note: Any Discomfort Survey result over "5" should be considered a high risk for injury.</i>											
Body Part		Neck	Left Shoulder	Right Shoulder	Left Elbow	Right Elbow	Left Wrist /Hand	Right Wrist /Hand	Back	Left Knee	Right Knee
Average Discomfort Survey Score	Initial										
	Current										
	Objective										

Summary of results:

▼ Step 5 - Conclusion

If the results are satisfactory:

- Monitor the task.
- At minimum, re-administer *Body Discomfort Survey* annually.
- Other

If the results are not satisfactory, these steps should be followed:

				Comments
1	Have control strategies been implemented?	<input type="checkbox"/> Yes	Proceed to No. 2	
		<input type="checkbox"/> No	Implement control strategies	
2	Are control strategies operating effectively?	<input type="checkbox"/> Yes	Proceed to No. 4	
		<input type="checkbox"/> No	Proceed to No. 3	
3	Can control strategies or measures be modified?	<input type="checkbox"/> Yes	Modify control measures if necessary	
		<input type="checkbox"/> No	Proceed to No. 4	
4	Identify new strategies available to be applied and implemented	<input type="checkbox"/>	Details:	
5	Re-evaluate new strategies	<input type="checkbox"/>	Go to Evaluation	