



# MANUAL HANDLING FLOWCHART

**PRACTICAL SAFETY PROCESS GAP ANALYSIS**

CONTRIBUTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

QUESTION: \_\_\_\_\_

ANSWER: \_\_\_\_\_

QUESTION	ANSWER	YES	NO	NOT SURE	NOT APPLICABLE
1. Do you have a JSA/JSA?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a SWMS/SWMS?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a Risk Assessment?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a Risk Control Summary?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a Risk Control Review?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a Risk Ranking Guidelines?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a Risk Assessment and Control Measure Form?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a Risk Control Flowchart?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a Risk Control Register?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have a Risk Control Summary?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have a Risk Control Review?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have a Risk Control Register?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALL FLOWCHARTS INITIATE FROM A PRACTICAL SAFETY PROCESS GAP ANALYSIS.

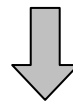
**MANUAL HANDLING TASK REGISTER (HAZARD IDENTIFICATION)**

COMPANY: \_\_\_\_\_ AREA: \_\_\_\_\_ PLANT ITEMS: \_\_\_\_\_ (if applicable)

LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON FOR ASSESSMENT: Initial  New Task  Different Use  New Information

REF NO	TASK OR CLASS OF TASKS	Repetitive or assigned task
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>



**RISK ASSESSMENT AND CONTROL MEASURE FORM**

COMPANY: \_\_\_\_\_ LOCATION: \_\_\_\_\_ AREA: \_\_\_\_\_ PLANT ITEMS: \_\_\_\_\_ DATE: \_\_\_\_\_

TASK OR CLASS OF TASKS: \_\_\_\_\_ REF NO: \_\_\_\_\_ HAZARDS (from Task Register): \_\_\_\_\_

RISKS: Bending  Twisting  Reaching  Lifting  Pushing  Pulling   
 Jerking  Awkward posture  Long Duration  Holding  Throwing  Hot or Cold  Other (State) \_\_\_\_\_ Comment \_\_\_\_\_

RISK RANKING (Use Risk Ranking Guidelines): High  Medium  Low

CONTROLS: Eliminate  Alter Workplace  Alter Environment  Alter System of Work

COMMENT: \_\_\_\_\_

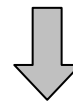
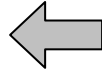
TASK OR CLASS OF TASKS: \_\_\_\_\_ REF NO: \_\_\_\_\_ HAZARDS: \_\_\_\_\_

RISKS: Bending  Twisting  Reaching  Lifting  Pushing  Pulling   
 Jerking  Awkward posture  Long Duration  Holding  Throwing  Hot or Cold  Other (State) \_\_\_\_\_ Comment \_\_\_\_\_

RISK RANKING: High  Medium  Low

CONTROLS: Eliminate  Alter Workplace  Alter Environment  Alter System of Work

USE IN JSA/SWMS PREPARATION



**RISK RANKING GUIDELINES**

Severity of the Consequence (Substitution, Engineering, Safety, Administrative, PPE, etc.)

Relative Level of Risk

CONSEQUENCE	SEVERITY	RISK RANKING
1 - Minor	1 - Low	1 - Low
2 - Moderate	2 - Medium	2 - Medium
3 - Major	3 - High	3 - High
4 - Catastrophic	4 - Very High	4 - Very High

**OBSERVATIONS, RECOMMENDATIONS AND ACTIONS (ORA)**

COMPANY: \_\_\_\_\_ LOCATION: \_\_\_\_\_ AREA: \_\_\_\_\_

SUBJECT: \_\_\_\_\_

SUMMARISED BY: \_\_\_\_\_ DATED: \_\_\_\_\_

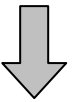
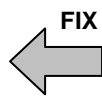
Observation: \_\_\_\_\_ Recommendation: \_\_\_\_\_ Action: \_\_\_\_\_

Note: All risk rankings are applied as if risk controls are not in place.

Priority for Action (P):  
 A. Safety Risk Other or System of Work Implementation  
 B. Safety Risk Other or System of Work Implementation  
 C. Safety Risk Other or System of Work Implementation  
 D. Safety Risk Other or System of Work Implementation

SEE ENGINEERING AND MAINTENANCE CONTROL FLOWCHART FOR ENGINEERING ACTIONS

FIX



**HAZARD AND RISK CONTROL SUMMARY**

COMPANY: \_\_\_\_\_ LOCATION: \_\_\_\_\_ AREA: \_\_\_\_\_

PLANT ID (if applicable): \_\_\_\_\_ OTHER CENTERS: \_\_\_\_\_

SUMMARISED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

HAZARD TYPE: \_\_\_\_\_

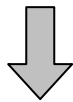
HAZARD AND RISK CONTROL SUMMARY: \_\_\_\_\_

HAZARDS IDENTIFIED: ATTACH HAZARD AND RISK CONTROL SUMMARY

LAST MAINTENANCE INSPECTION: \_\_\_\_\_

REVIEW YEAR: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

RISK CONTROLS: OK



**RISK CONTROL REVIEW**

LOCATION: \_\_\_\_\_ COMPANY: \_\_\_\_\_ AREA: \_\_\_\_\_ SECTION: \_\_\_\_\_ (if applicable)

COMPLIANCE SUMMARY: \_\_\_\_\_

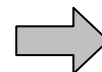
HAZARD AND RISK CONTROL SUMMARY COMPLETION DATE: \_\_\_\_\_

HAZARDS IDENTIFIED: ATTACH HAZARD AND RISK CONTROL SUMMARY

LAST MAINTENANCE INSPECTION: \_\_\_\_\_

REVIEW YEAR: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

RISK CONTROLS: OK



USE IN JSA/SWMS AND WORK INSTRUCTION PREPARATION