### Manual load handling at construction workplaces

**Assessment tool**

**CISR code - CONLH**

#### Assessment details

<table>
<thead>
<tr>
<th>Date</th>
<th>CISR Assessment No.</th>
<th>Region</th>
<th>Office</th>
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</tbody>
</table>

**Legal name**

**Trading name**

**ABN**

**Address**

**Inspector**

**What is the category of construction work taking place?**
- Residential (low-set)
- Residential (multi-storey)
- Non-residential / commercial
- Civil

#### Workers

The following questions are related to workers employed by the builder or the plasterboard subcontractor who are being assessed regarding manual handling of plasterboard tasks only, not all workers that are on site.

Please indicate the number of workers within each age range

- 18 or younger
- 19 to 25
- 26 to 35
- 36 to 45
- 46 to 55
- 55+

Please indicate the number of workers from each of the occupations listed

- Labourer
- Tradesman
- Apprentice
- Plant operator
- Other

What is the total number of workers (exc. labour hire)?

What is the total number of labour hire workers?

#### Contact details

<table>
<thead>
<tr>
<th>Contact person 1</th>
<th>Contact person 2</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Phone</td>
<td>Phone</td>
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<tr>
<td>Organisation</td>
<td>Organisation</td>
</tr>
<tr>
<td>Job title</td>
<td>Job title</td>
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Q1. Has a procedure and/or risk assessment been done that includes the hazardous manual task of handling plasterboard sheets?

Q2. Have the manual tasks risks been identified in the procedure or risk assessment?

Q3. Does financial remuneration affect the task and safety elements?

For example, paid by the metre, paid by the hour, or fixed price/wages.

Q4. Do workers and contractors receive an induction that includes information about manual tasks?


The training should include information on manual task risk management, including the characteristics of hazardous manual tasks, specific manual task risks and the measures in place to control them, how to perform manual tasks safely (including the use of mechanical aids, tools, equipment and safety working procedures), and how to report a problem or maintenance issue.
Q6. Is manual tasks training based solely on safe lifting techniques?

Q7. Are workers supervised to ensure safe work practices are followed? If workers are not supervised, indicate why:

Consultation

Q8. Are workers consulted on any of the following with regards to hazardous manual tasks?
If NO, go to question 9. If YES, tick all that are relevant.

- Hazard identification
- Risk assessment
- Controls development and implementation
- Purchasing equipment
- Development of safety procedures
- Trialling and reviewing manual tasks solutions before a final decision or purchase

Q9. Do workers know what consultation mechanisms are in place?
Confirm by asking workers if they know what consultation mechanisms are in place and what these mechanisms are.
Review the organisation’s documentation to confirm.

Task assessment 1

Q10. Task description (select one from the list below):
- Handling of plasterboard/sheet material on or off truck to storage area
- Handling of plasterboard/sheet material elsewhere on site
- Installing plasterboard/sheet material on to wall
- Installing plasterboard/sheet material on to ceiling
- Handling of other sheet material (describe in the space provided)

Q11. Describe the plasterboard/sheet material:
- Standard plasterboard
- Fire rated
- Cement fibre
- Other

Q12. Does the above task involve any of the following:

- Repetitive or sustained force
  - Repetitive force - using force repeatedly over a period of time to move or support an object
  - Sustained force - occurs when force is applied continually over a period of time
- Repetitive movement
  - Repetitive movement - using the same parts of the body to repeat similar movements over a period of time.
- Sustained and/or awkward posture
  - Sustained posture - where part of or the whole body is kept in the same position for a prolonged period.
  - Awkward posture - where any part of the body is in an uncomfortable or unnatural position, such as postures that are unbalanced or asymmetrical, or postures that require extreme joint angles or bending and twisting.

If you have assessed a task as involving postures, movements or forces that are also repetitive (task performed 2 or more times per minute) and/or sustained (held for more than 30 seconds), you should determine the duration of the task.

Q13. Is the task a long duration task? If you ticked yes then the task is a risk and risk control is required.
As a general guideline, long duration means the task is done for more than a total of two hours over a whole shift or continuously for more than 30 minutes at a time.
Q14. Does the task involve high or sudden force? If you ticked yes then the task is a risk and risk control is required.

Any task involving high force may be assessed as a risk, even if it is only done occasionally or for short periods. The longer and more often force is applied and the higher the force, the greater the risk.

High force - may be exerted by the back, arm, or leg muscles or by the hands and fingers.

Sudden force - includes jerky or unexpected movements while handling an item or load and are particularly hazardous because the body must suddenly adapt to the changing force. Tasks which include sudden force typically generate high force as well.

Q15. Does the task involve vibration? If yes, this task requires further investigation.

The degree of risk increases as the duration of exposure increases and when the amplitude of vibration is high. Hand-arm vibration occurs when vibration is transferred through a vibrating tool, steering wheel, or controls in heavy machinery to the hand and arm.

This can disrupt blood circulation in the hand and forearm and damage nerves and tendons. Localised vibration contributes to vibration-induced white finger and carpal tunnel syndrome through the gripping force needed to hold the vibrating tools (the tighter the grip, the more vibration is absorbed) and the repetitive shock loads of some tools.

Q16. Is there a risk of musculoskeletal disorder (i.e. the risk has not been controlled)? WHS Regulation 2011, r60

If no, go to Q17. If yes, go to Q18.

Q17. What controls have been implemented for the hazardous manual task assessed?

Using the hierarchy of controls as a basis, indicate what levels have been implemented to manage the risks associated with the task.

- Level 1: Elimination
- Level 2: Engineering, substitution, or isolation
- Level 3: Administration or personal protective equipment (PPE)

Describe the controls being used. Provide details of any innovative or effective controls that can be shared with industry.

Details

Q18. What are the sources of uncontrolled risk?

Tick all that are relevant and provide details.

- Problem with the nature, size, weight or number of things handled in performing the manual task
- Problem with the design or layout of the work area
- Problem with the environment in which the manual task is performed
- Problem with the systems of work

Details

Task assessment 2

Q19. Task description:
- Handling of plasterboard/sheet material on or off truck to storage area
- Handling of plasterboard/sheet material elsewhere on site
- Installing plasterboard/sheet material on to wall
- Installing plasterboard/sheet material on to ceiling
- Finishing (e.g. applying tape, joint compound (mud), sanding)
- Handling of other of sheet material (describe)

Q20. Describe the plasterboard/sheet material:
- Standard plasterboard
- Fire rated
- Cement fibre
- Other
Q21. Does the task involve any of the following:

- [ ] Repetitive or sustained force
  
  Repetitive force - using force repeatedly over a period of time to move or support an object
  
  Sustained force - occurs when force is applied continually over a period of time

- [ ] Repetitive movement
  
  Repetitive movement - using the same parts of the body to repeat similar movements over a period of time.

- [ ] Sustained and/or awkward posture
  
  Sustained posture - where part of or the whole body is kept in the same position for a prolonged period.
  
  Awkward posture - where any part of the body is in an uncomfortable or unnatural position, such as postures that are unbalanced or asymmetrical, or postures that require extreme joint angles or bending and twisting.

If you have assessed a task as involving postures, movements or forces that are also repetitive (task performed two or more times per minute) and/or sustained (held for more than 30 seconds), you should determine the duration of the task.

Q22. Is the task a long duration task? If you ticked yes then the task is a risk and risk control is required.

Long duration means the task is done for more than a total of two hours over a whole shift or continuously for more than 30 minutes at a time.

Q23. Does the task involve high or sudden force? If you ticked yes then the task is a risk and risk control is required.

Any task involving high force may be assessed as a risk, even if it is only done occasionally or for short periods. The longer and more often force is applied and the higher the force, the greater the risk.

High force - may be exerted by the back, arm, or leg muscles or by the hands and fingers.

Sudden force - includes jerky or unexpected movements while handling an item or load and are particularly hazardous because the body must suddenly adapt to the changing force. Tasks which include sudden force typically generate high force as well.

Q24. Does the task involve vibration? If yes, this task requires further investigation.

The degree of risk increases as the duration of exposure increases and when the amplitude of vibration is high. Hand-arm vibration occurs when vibration is transferred through a vibrating tool, steering wheel, or controls in heavy machinery to the hand and arm. This can disrupt blood circulation in the hand and forearm and damage nerves and tendons. Localised vibration contributes to vibration-induced white finger and carpal tunnel syndrome through the gripping force needed to hold the vibrating tools (the tighter the grip, the more vibration is absorbed) and the repetitive shock loads of some tools.

Any task involving high force may be assessed as a risk, even if it is only done occasionally or for short periods. The longer and more often force is applied and the higher the force, the greater the risk.

Q25. Is there a risk of musculoskeletal disorder (i.e. the risk has not been controlled)? WHS Regulation 2011, r60

If no, go to Q26. If yes, go to Q27.

Q26. What controls have been implemented for the hazardous manual task assessed?

Using the hierarchy of controls as a basis, indicate what levels have been implemented to manage the risks associated with the task.

- [ ] Level 1: Elimination
- [ ] Level 2: Engineering, substitution or isolation
- [ ] Level 3: Administration or personal protective equipment (PPE)

Describe the controls being used. Provide details of any innovative or effective controls that can be shared with industry.

Details

Q27. What are the sources of uncontrolled risk?

Tick all that are relevant and provide details.

- [ ] Problem with the nature, size, weight or number of things handled in performing the manual task
- [ ] Problem with the design or layout of the work area
- [ ] Problem with the environment in which the manual task is performed
- [ ] Problem with the systems of work

Details
### Supply chain and upstream obligations

**Name of the builder managing the project**

<table>
<thead>
<tr>
<th>Q28. Does the builder managing the project have any work-related musculoskeletal disorder prevention initiatives specifically for hazardous manual tasks? <strong>Tick all that are relevant</strong></th>
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<tbody>
<tr>
<td>☐ Internal consultative processes supported and ongoing (participative ergonomics program, meetings, networks established to improve design-related issues)</td>
</tr>
<tr>
<td>☐ A targeted number of higher order design controls implemented for each project (structural redesign, lighter weight materials, specific mechanical lifting aids for handling plasterboard/sheet materials)</td>
</tr>
<tr>
<td>☐ Tendering criteria and contracts include requirements other than administrative controls for risk management of high risk manual tasks</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Additional comments</td>
</tr>
</tbody>
</table>

**Q29. Who was responsible for the purchase of the plasterboard used at this site?**

- Client
- Builder
- Subcontractor

**Q30. Has the layout of the site (access, space, terrain, etc.) been considered for the safe delivery and storage of materials?**

**Q31. Has there been any consultation with the designer, manufacturer, or supplier about the risks to workers handling plasterboard as a result of the plasterboard specifications?** For example, consideration of the sheet size, weight, or gripability, provision of assistive devices specifically designed for improved plasterboard handling. If yes, list the details and outcomes below. WHS Act 2011 s19, s22 and WHS Regulation 2011 s60, s61, s297

**Q32. Has there been any consultation with the designer or client about the risks to workers as a result of the design of the building/work area when handling, installing, and finishing plasterboard?** For example, the majority of joins are between hip and shoulder height to reduce above shoulder and below hip work; work space considered for use of assistive devices or mechanical aides between rooms or work areas. If yes, list the details below. WHS Act 2011 s22 and WHS Regulation 2011 s60, s294, s297

**Q33. Did the supplier do a pre-delivery screening and/or site risk assessment?**

*This is relevant to assessments taking place during the delivery phase only. Inspectors may not be able to gain this information during other phases.*

Additional observations and enforcement action