

# SUPERMARKET AND GROCERY STORES MANAGING HAZARDOUS MANUAL TASKS CHECKLIST

**Important:** This checklist is designed to be completed by a person conducting a business or undertaking (PCBU) representative (for example, store manager) and two worker representatives (cashier/customer service and grocery/stock hand/night fill). The completion time may take up to two hours.

**Disclaimer:** This checklist is NOT designed to be an audit tool; rather a checklist to identify areas for improvement in the current system of work at store level. If you identify any issues/concerns during this process, please ensure a risk management approach is followed – **STEP 1:** identify hazards, **STEP 2:** assess risks, **STEP 3:** control risks and **STEP 4:** review control measures.

## PART 1. QUESTIONS FOR CASHIER/CUSTOMER SERVICE

Mark the appropriate boxes.

### QUESTION 1

1a. What is your position?

1b. What are your key duties?

Scanning items

Packing items into bags

Lifting or moving items

Other duties

### QUESTION 2

2a. What are the top three hazardous manual task (HMT) issues relating to your key duties?

Consider the risk factors of: repetitive movement, awkward posture or movements, heavy or sustained force, prolonged standing and time pressure.

Issue 1

Issue 2

Issue 3

2b. Are there controls, systems or procedures in place to help address these HMT issues? For example, work instructions, equipment etc.

Yes      No

2c. Do you think the current controls, systems or procedures (identified above) address the HMT issues in the workplace?

Yes      No

If no, why not?

### QUESTION 3

What do you think could be done to help improve HMT issues in the workplace?

For example, change the layout, re-design the task, better equipment, reduce excessive workload and time pressure.

Suggestion 1

Suggestion 2

Suggestion 3

**QUESTION 4**

4a. What kind of equipment is provided by your PCBU to reduce injuries?

4b. Is any of this equipment available in the workplace?

Yes No

If no, why not?

4c. Do you use any of this equipment on an ongoing basis?

Yes No

If no, why not?

4d. Do you think the equipment provided could be improved?

Yes No

If no, why not?

If yes, what are your suggestions for improvement?

**QUESTION 5**

5a. What training have you been provided by your PCBU in relation to HMTs?

5b. If you have completed your training on HMTs, are there any suggestions for improvement?

**QUESTION 6**

6a. How does your PCBU consult with you about HMTs?

Receive information from safety team members

Staff meeting Safety notice board

One-on-one discussion with the PCBU representative

6b. What are your suggestions for improvement on consultation?

**QUESTION 7**

7a. If you see a safety issue in your workplace, who do you report to?

Safety team members Manager/supervisor

7b. Is the safety issue investigated by the PCBU?

Yes No Not sure

7c. Are you provided with feedback in relation to the investigation?

Yes No

## PART 2. QUESTIONS FOR GROCERY/STOCK HAND/NIGHT FILL

Mark the appropriate boxes.

### QUESTION 1

1a. What is your position?

1b. What are your key duties?

Breaking down pallets. For example, transferring items from pallets onto trolleys

Stocking items onto shelves

Moving items - using trolleys and roll cages

Other duties

### QUESTION 2

2a. What are the top three hazardous manual task (HMT) issues relating to your key duties?

Consider the risk factors of: repetitive movement, awkward posture or movements, heavy or sustained force, prolonged standing and time pressure.

Issue 1

Issue 2

Issue 3

2b. Are there any controls, systems or procedures in place to help address these HMT issues? For example, work instructions, equipment etc.

Yes No

2c. Do you think the current controls, systems or procedures (identified above) address the HMT issues in the workplace?

Yes No

If no, why not?

### QUESTION 3

What do you think could be done to help improve HMT issues in the workplace?

For example, change the layout, re-design the task, better equipment, reduce excessive workload and time pressure.

Suggestion 1

Suggestion 2

Suggestion 3

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Yes No

If no, why not?

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Yes No

If no, why not?

4d. Do you think the equipment provided could be improved?

Yes No

If no, why not?

If yes, what are your suggestions for improvement?

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5b. If you have completed your training on HMTs, are there any suggestions for improvement?

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Receive information from safety team members

Staff meeting          Safety notice board

One-on-one discussion with the PCBU representative

6b. What are your suggestions for improvement on consultation?

**QUESTION 7**

7a. If you see a safety issue in your workplace, who do you report to?

Safety team members          Manager/supervisor

7b. Is the safety issue investigated by the PCBU?

Yes          No          Not sure

7c. Are you provided with feedback in relation to the investigation?

Yes          No

## PART 3. QUESTIONS FOR PCBU/STORE MANAGER

### MANAGING HAZARDOUS MANUAL TASKS - SYSTEM OVERVIEW

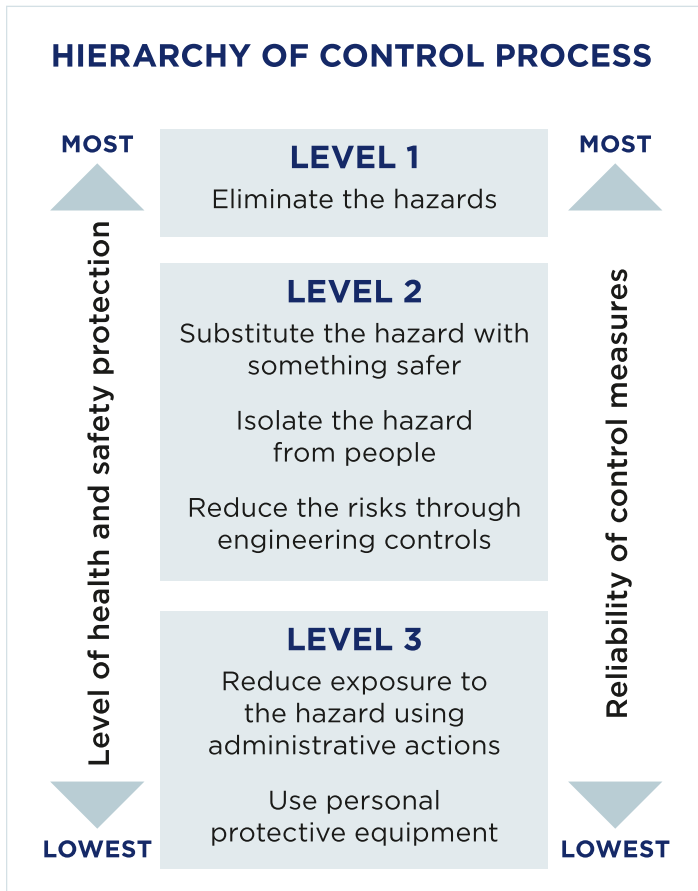
Mark the appropriate boxes.

#### QUESTION 1

1a. Are there suitable controls in place to deal with the risks for the following hazardous manual tasks (HMTs)?

**Note:** If you do not have suitable controls in place, you need to consider developing these. It is important to have suitable controls and clear work instructions to prevent manual task injuries. You also need to consult your workers when developing and implementing controls in the workplace. Hazards can be physical and psychological. Refer to SafeWork Australia National Guidance Material - Work Related Psychological Health and Safety.

The Hierarchy of Control process should be followed when eliminating or reducing hazardous manual task risks. There are different ways of controlling risks that are ranked from **LEVEL 1 to 3**. Level 1 control measures is the most reliable and provides the most protection.



#### SCANNING ITEMS AT THE REGISTER

Are the following risk factors assessed?

- Repetitive or sustained force
- High or sudden force
- Repetitive movement
- Sustained and awkward posture
- Exposure to vibration
- Psychological risks (for example time pressure to scan items)

What controls are in place to address the risk factors identified? For example, job rotation between left and right-hand style check outs, adequate rest breaks to prevent mental and physical fatigue.

#### PACKING ITEMS INTO BAGS AT THE REGISTER

Are the following risk factors assessed?

- Repetitive or sustained force
- High or sudden force
- Repetitive movement
- Sustained and awkward posture
- Exposure to vibration
- Psychological risks (for example high workload)

What controls are in place to address the risk factors identified? For example, limit eight items in a bag, height adjustable bag holder.

#### LIFTING OR MOVING ITEMS AT THE REGISTER

Are the following risk factors assessed?

- Repetitive or sustained force
- High or sudden force
- Repetitive movement
- Sustained and awkward posture
- Exposure to vibration
- Psychological risks (for example high workload)

What controls are in place to address risk factors identified? For example, systems are in place to leave heavy items in trolleys.

**STOCKING ITEMS ONTO SHELVES**

Are the following risk factors assessed?

- Repetitive or sustained force
- High or sudden force
- Repetitive movement
- Sustained and awkward posture
- Exposure to vibration
- Psychological risks (for example tight deadlines)

What controls are in place to address risk factors identified? For example, items stored on shelves and ridge capping are at appropriate height and depth to reduce manual task and falls injuries.

**BREAKING DOWN PALLETS FOR EXAMPLE TRANSFERRING ITEMS FROM PALLETS ONTO TROLLEYS**

Are the following risk factors assessed?

- Repetitive or sustained force
- High or sudden force
- Repetitive movement
- Sustained and awkward posture
- Exposure to vibration
- Psychological risks (for example tight deadlines)

What controls are in place to address risk factors identified? For example, pallets are stacked at a reasonable height to avoid overreaching.

**MOVING/HANDLING OF ITEMS INSIDE THE STORE**

Are the following risk factors assessed?

- Repetitive or sustained force
- High or sudden force
- Repetitive movement
- Sustained and awkward posture
- Exposure to vibration
- Psychological risks (for example lack of information or training to perform their task.)

What controls are in place to address risk factors identified? For example, suitable information/ training and equipment are available.

**QUESTION 2**

2a. How are workers trained on the processes for dealing with HMTs in the workplace?

- Induction (verbal/online)
- Observation
- Refresher training      Verbal      Online

Frequency

2b. How do you ensure this training is adequate?

**QUESTION 3**

3a. How are HMTs identified on an ongoing basis?

- Workplace inspections
- Hazard/incident reports
- Consultation of workers
- Observation of tasks

If these are not in place, consider introducing methods of identifying HMTs.

3b. What do you think are the top three HMTs in your workplace?

Think not only about physical risk but also other factors, which may lead to manual task injuries such as mental fatigue.

Issue 1

Issue 2

Issue 3

What controls are in place to manage the risks associated with the HMTs identified above?

Issue 1

Issue 2

Issue 3

**QUESTION 4**

4a. Do you consult your workers about HMTs?

Yes No

4b. How do you consult your workers about hazardous manual task?

- Information from safety team members
- Staff meeting
- Safety notice board
- One-on-one discussion with the PCBU representative

**QUESTION 5**

5a. Are manual task injuries/incidents or near misses recorded?

Yes No

5b. Are manual task injuries/incidents or near misses investigated?

Yes No

If no, why not?

5c. How do you ensure the outcomes of these investigations are implemented and communicated in the workplace?

**QUESTION 6**

6a. How often does the safety team meet?

6b. Is the safety team involved in decision making when it comes to work health and safety matters?

Yes No

6c. Is the safety team involved in workplace investigations?

Yes No

COMPLETION OF CHECKLIST		
PCBU representative name	Cashier/sales name	Grocery/stock hand/night fill name
PCBU representative signature	Cashier/sales signature	Grocery/stock hand/night fill signature
Date (DD/MM/YYYY)	Date (DD/MM/YYYY)	Date (DD/MM/YYYY)
Next review date (DD/MM/YYYY)		