

# Manual Material Handling Program

## Purpose

Our company is committed to providing a safe and healthy working environment for all employees. Musculoskeletal disorders (MSD) account for a majority of reported injuries and we must minimize the risk and incidence of MSDs. To achieve this goal, we require each worksite to establish and maintain an MSD, Lifting and Handling Loads Program with the following elements:

- Ongoing training of management, supervisors, and employees (including new hires) on MSD awareness hazards and control measures
- Training of staff (on MSD hazard assessment and control measures)
- Tracking of MSD statistics
- MSD hazard identification and assessment (see MSD Hazard Identification form)
- Control of MSD hazards through the application of engineering and/or administrative controls
- Proactively integrating ergonomics principles into workplace design and work techniques
- A realization that personal protective equipment may only be used as a substitute for engineering or administrative controls if it is used in circumstances in which those controls are not practicable.

## Key Responsibilities

### Company Safety Manager

Develops local Lifting and Handling Loads Programs for all worksites in accordance with this procedure and ensures all employees are aware of the requirements of the local Lifting and Handling Loads Program.

- Communicate, promote, and support the MSD, Lifting and Handling Loads Program.
- Conduct MSD training sessions and/or provide MSD training materials.
- Maintain records of MSD training that they provide in a manner that supports accuracy and ease of access for monitoring purposes.
- Monitor corrective actions taken as identified on incident reports.
- Support supervisors and the worksite JHSC in the Lifting and Handling Loads Program process.

- Assist in the investigation of MSD incidents to address injury hazards.
- Bring to the attention of company management any MSD hazards identified during their investigations, audits, or inspections.
- Ensure distribution and awareness of MSD Hazard Identification Forms.
- Provide input into purchasing specifications for new tools, equipment and furniture as needed to reduce MSD hazards.
- Provide input into the development of safe work procedures to reduce MSD hazards.

### **Worksite Manager**

Responsible for the implementation and maintenance of the Lifting and Handling Loads Program for their facility and ensuring all assets are made available for compliance with the procedure. He or she will also:

- Ensure that all worksite departments implement and maintain the provisions of the Lifting and Handling Loads Program.
- Seek regular reports to ensure that their worksite is in compliance with the Lifting and Handling Loads Program.
- Manual lifting equipment such as dollies, hand trucks, lift-assist devices, jacks, carts, hoists must be provided for employees. Other engineering controls such as conveyors, lift tables, and workstation design should be considered.
- Use of provided manual lifting equipment by employees must be enforced.

### **Employees**

- Shall attend all MSD related training for the task they are performing.
- Practice MSD prevention strategies as per MSD training.
- Comply with safe work procedures.
- Correctly use the equipment provided by our company according to manufacturers' recommendations.
- Report to the supervisor any unsafe acts, unsafe tasks, unsafe conditions, or equipment problems that create MSD hazards.
- Report any MSD incidents to the supervisor and cooperate in the investigation process.

## Procedure

### Worksite Assessment

Before manual lifting is performed, a hazard assessment must be completed. The assessment must consider size, bulk, and weight of the object(s), if mechanical lifting equipment is required, if two-man lift is required, whether vision is obscured while carrying and the walking surface and path where the object is to be carried. The assessment shall also include:

- Use of the MSD Hazard Identification form contained within this procedure
- Physical Demands
  - Neck Back Shoulder Wrist
  - Hand
  - Knee Ankle/
  - Feet
- Force Required and Working Distance
  - Do employees push, pull, lift, lower, or carry objects that are too heavy or require too much force; away from the center of the body or in a jerky or twisting manner?
- Work Postures
  - Is the back is curved too much or in a stooped position?
  - Is the back is twisted during movements?
  - Is the neck bent or twisted?
  - Are the arms away from the body?
  - Are the wrists flexed, extended, or pinched positions?
- Repetitive Use of Similar Muscles
  - Do employees perform movements over and over in the same way?
- Static Muscle Use and Duration
  - Do employees hold any of the above work postures for > 20 sec.?
  - Stand for long periods with their knees locked?
  - Stand in one position without moving or stretching?
- Contact Stress
  - Do employees put localized pressure on any part of their body?
- Workspace Layout and Conditions

- Are there working heights, reaches in workspace, equipment, tool design, storage conditions, etc., that cause or contribute to employees experiencing any of the physical demands risk factors?
- Also consider seating, floor surfaces, the characteristics of objects handled, including size and shape, load condition and weight distribution, and container as well as tool and equipment handles.
- Organization of Work
  - Are there work processes, monotonous job tasks, work recovery cycles, task variability, work rate, machine paced tasks or peak activity demands that cause or contribute to rushing, frustration, fatigue, or other visible signs of stress?
- Environmental Conditions
  - Are employees exposed to poor lighting, vibration, cold or hot air/wind/water?

## Work Controls

Our company will ensure based on the assessment, that we implement control measures to eliminate, minimize or reduce, as far as is reasonably practicable, the risk of musculoskeletal injury to the worker.

### Handling Heavy or Awkward Loads

We will take all practicable means to adapt the heavy or awkward loads to facilitate lifting, holding, or transporting by workers or to otherwise minimize the manual handling required. Those include:

Where use of lifting equipment is impractical or not possible, two-man lifts must be used.

All loads carried on handcarts shall be secured.

All awkward type loads shall be secured to prevent tipping.

Additional methods include:

- reducing the weight of the load by dividing it into two or more manageable loads
- increasing the weight of the load so that no worker can handle it and therefore mechanical assistance is required
- reducing the capacity of the container
- reducing the distance, the load must be held away from the body by reducing the size of the packaging
- providing hand holds
- team lift the object with two or more workers
- improve the layout of the work process to minimize the need to move materials

- reorganize the work method(s) to eliminate or reduce repeated handling of the same object
- rotate workers to jobs with light or no manual handling
- use mobile storage racks to avoid unnecessary loading and unloading.

### **Incidents and Injuries**

If an employee reports symptoms of a MSI we will:

- Musculoskeletal injuries caused by improper lifting must be investigated and documented. Incorporation of investigation findings into work procedures must be accomplished to prevent future injuries.
- Injuries must be recorded and reported as required by 29 CFR Part 1904.

### **Review & Updating Lifting and Handling Loads Program**

- Supervision must periodically evaluate work areas and employees' work techniques to assess the potential for and prevention of injuries. New operations should be evaluated to engineer out hazards before work processes are implemented.

## **Training**

We will ensure that a worker who may be exposed to the possibility of musculoskeletal injury is trained in specific measures to eliminate or reduce that possibility. Our training shall include:

- General principles of ergonomics,
- Recognition of hazards and injuries,
- Procedures for reporting hazardous conditions, and
- Methods and procedures for early reporting of injuries.

Additionally, job specific training will be given on safe lifting and work practices, hazards, and controls.

# MSD Hazard Identification Form

Job Title:

Location of Assessment:

Task Assignment:

Hazard Identification applies to the following locations:

Job Code (if used):




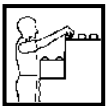



Date:



Construction Location:

Completed by (Name/Title):

In Consultation with:

Status: Draft  Final

1. Awkward Postures			Mark if required	<ul style="list-style-type: none"> <li>List task(s) requiring this posture</li> <li>What is the possible cause of the posture?</li> </ul>	List possible control measure(s) and state if control measures have been implemented	Hazard Resolved
Neck	Working with the neck bent forward or to the side more than 30° for more than 2 hours total per day.	 Side <input type="checkbox"/>  Forward <input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Date: _____
Neck	Working with the neck rotated more than 45° in either direction for more than 4 hours total per day or working with the neck bent back /up more than 10° for more than 2 hours total per day		<input type="checkbox"/>			<input type="checkbox"/> Date: _____
Neck	Working with the elbow(s) at or above the shoulder for more than 2 hours total per day		<input type="checkbox"/>			<input type="checkbox"/> Date: _____
Shoulder	Working while sitting or standing with the back bent forward, sideways, or twisted more than 30° for more than 2 hours total per day	 Side <input type="checkbox"/>  Twisted <input type="checkbox"/>  Forward <input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Date: _____

1. Awkward Postures			Mark if required	<ul style="list-style-type: none"> <li>List task(s) requiring this posture</li> <li>What is the possible cause of the posture?</li> </ul>	List possible control measure(s) and state if control measures have been implemented	Hazard Resolved
Back	Working while sitting or standing with the back bent back more than 10°, and with no support for the back, for more than 2 hours total per day	 Backward	<input type="checkbox"/>			<input type="checkbox"/> Date: _____
Knees	Employee squats/ kneels for more than 2 hours total per day	 Kneel	<input type="checkbox"/>			<input type="checkbox"/> Date: _____

2. Static Whole-Body Postures			Mark if required	<ul style="list-style-type: none"> <li>List task(s) requiring this posture</li> <li>What is the possible cause of the posture?</li> </ul>	List possible control measure(s) and state if control measures have been implemented	Hazard Resolved
Prolonged Sitting	Employee sits for more than 6 hours total per day		<input type="checkbox"/>			<input type="checkbox"/> Date: _____
Prolonged Standing	Employee stands on hard surface more than 4 hours total per day (standing in one location without taking > 2 steps in any direction)		<input type="checkbox"/>			<input type="checkbox"/> Date: _____

3a. Lift/Lower Forces (manual labor)			Mark if required	<ul style="list-style-type: none"> <li>List task(s) requiring this posture</li> <li>What is the possible cause of the posture?</li> </ul>	List possible control measure(s) and state if control measures have been implemented	Hazard Resolved
Back/ Shoulder	Lift/lower objects up to 2 times <b>an hour</b> Object close to the body: 35 lb or more Object away from the body: 17 lb or more		<input type="checkbox"/>			<input type="checkbox"/> Date: _____
	Lift/lower objects 3 to 60 times <b>an hour</b> Object close to the body: 30 lb or more Object away from the body: 15 lb or more		<input type="checkbox"/>			<input type="checkbox"/> Date: _____
	Lift/lower objects 61 to 240 times <b>an hour</b> Object close to the body: 25 lb or more Object away from the body: 15 lb or more		<input type="checkbox"/>			<input type="checkbox"/> Date: _____
	Lift/lower objects >5 lb more than 240 times <b>an hour</b> (more than 4 times a minute)		<input type="checkbox"/>			<input type="checkbox"/> Date: _____

3b. Lift/Lower Forces (office work)		Mark if required	<ul style="list-style-type: none"> <li>List task(s) requiring this posture</li> <li>What is the possible cause of the posture?</li> </ul>	List possible control measure(s) and state if control measures have been implemented	Hazard Resolved
Back/ Shoulder	Lift/lower objects up to 2 times <b>an hour</b> - Object close to the body: 30 lb or more - Object away from the body: 15 lb or more	<input type="checkbox"/>			<input type="checkbox"/> Date: _____
	Lift/lower objects 3 to 60 times <b>an hour</b> - Object close to the body: 25 lb or more - Object away from the body: 15 lb or more	<input type="checkbox"/>			<input type="checkbox"/> Date: _____
	Lift/lower objects 61 to 240 times <b>an hour</b> - Object close to the body: 25 lb or more - Object away from the body: 10 lb or more	<input type="checkbox"/>			<input type="checkbox"/> Date: _____
	Lift/lower objects >5 lb more than 240 times <b>an hour</b> (more than 4 times a minute)	<input type="checkbox"/>			<input type="checkbox"/> Date: _____
4a. Push/Pull Forces (manual labor) (Carts, trolleys, rolls, cables, etc.) <i>NOTE: Push/Pull force is the force required to move the object, not the weight of the object itself.</i>		Mark if required	<ul style="list-style-type: none"> <li>List task(s) requiring this posture</li> <li>What is the possible cause of the posture?</li> </ul>	List possible control measure(s) and state if control measures have been implemented	Hazard Resolved
Back/ Shoulder	Pushing/pulling up to 2 times an hour with initial push/pull force of more than 50 lb	<input type="checkbox"/>			<input type="checkbox"/> Date: _____
	Pushing/pulling 3 to 120 times an hour, with initial push/pull force of more than 25 lb	<input type="checkbox"/>			<input type="checkbox"/> Date: _____
	Pushing/pulling forces >5 lb more than 120 times an hour (more than twice a minute)	<input type="checkbox"/>			<input type="checkbox"/> Date: _____
4b. Push/Pull Forces (office work) (Carts, trolleys, rolls, cables, etc.) <i>NOTE: Push/Pull force is the force required to move the object, not the weight of the object itself.</i>		Mark if required	<ul style="list-style-type: none"> <li>List task(s) requiring this posture</li> <li>What is the possible cause of the posture?</li> </ul>	List possible control measure(s) and state if control measures have been implemented	Hazard Resolved
Back/ Shoulder	Pushing/pulling up to 2 times <b>an hour</b> with initial push/pull force of more than 50 lb	<input type="checkbox"/>			<input type="checkbox"/> Date: _____
	Pushing/pulling 3 to 120 times <b>an hour</b> , with initial push/pull force of more than 25 lb	<input type="checkbox"/>			<input type="checkbox"/> Date: _____
	Pushing/pulling forces >5 lb more than 120 times <b>an hour</b> (more than twice a minute)	<input type="checkbox"/>			<input type="checkbox"/> Date: _____



5. Repetition		Mark if required	<ul style="list-style-type: none"> <li>List task(s) requiring this posture</li> <li>What is the possible cause of the posture?</li> </ul>	List possible control measure(s) and state if control measures have been implemented	Hazard Resolved
Neck, shoulders, elbows, wrists, or hands	Employee repeats the same motion with the neck, shoulders, elbows, wrists, or hands every few seconds with little or no variation for more than 2 hours total per day excluding computer use. Check body part(s) that apply: <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder(s) <input type="checkbox"/> Elbow(s) <input type="checkbox"/> Wrist(s) <input type="checkbox"/> Hand(s)	<input type="checkbox"/>			<input type="checkbox"/> Date: _____
Computer Use	Employee uses computer more than 3 hours total per day	<input type="checkbox"/>			<input type="checkbox"/> Date: _____

6. Hand/Arm Vibration		Mark if required	<ul style="list-style-type: none"> <li>List task(s) requiring this posture</li> <li>What is the possible cause of the posture?</li> </ul>	List possible control measure(s) and state if control measures have been implemented	Hazard Resolved
Hands Arms	Use high vibration tools (impact wrenches, chain saws, jack hammers, riveting hammers) for more than 30 minutes total per day	<input type="checkbox"/>			<input type="checkbox"/> Date: _____
	Use moderate vibration hand tools (grinders, sanders, jig saws) that typically have moderate vibration levels more than 2 hours total per day	<input type="checkbox"/>			<input type="checkbox"/> Date: _____

7. Repeated Impacts		Mark if required	<ul style="list-style-type: none"> <li>List task(s) requiring this posture</li> <li>What is the possible cause of the posture?</li> </ul>	List possible control measure(s) and state if control measures have been implemented	Hazard Resolved
Hands Knees	Employee uses one of the following as a hammer more than 10 times per hour and for more than 2 hours total per day. (Check the body part(s) that apply)  <input type="checkbox"/> Hand (heel/base of palm), or <input type="checkbox"/> Knee	<input type="checkbox"/>			<input type="checkbox"/> Date: _____

Complete this section only if potential hazards have been identified in the “Mark if required” column:

1. How many employees are exposed to the hazards identified above and how often?

	# of employees Exposed	How often? (describe in hours per day or week, as appropriate)
Awkward postures		
Static whole body postures		
Lift/lower forces		
Push/pull forces		
Repetition		
Hand/arm vibration		
Repeated impacts		

2. In the past two years, how many MSD incidents been reported among employees who are exposed to the identified hazards? State the number of incidents and their nature (e.g., Lost Time, Medical Aid, First Aid, Incident only)