

Manual Task Survey

This survey will assist us to find out the type of manual handling tasks that you do at work that may lead to injury or make you feel uncomfortable. It will also assist to look at what we can both do to make the tasks more satisfying, where possible.

1/ What are the jobs that leave you feeling a bit sore after work, when you go home?

If you experience soreness:

1A/ Can you tell us where you experience soreness, when you go home?

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1B/ For each type of soreness, approximately how long would you experience soreness?

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1C/ In your opinion, what are the specific tasks within the job that lead you to experience soreness, when you go home?

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2/ What jobs that you do are you most concerned about getting hurt from?

If you are concerned about getting hurt:

2A/ In your opinion, what are the specific manual tasks within the job that potentially can lead to getting hurt?

2B/ Can you tell us which parts of your body you are concerned about getting hurt?

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3/ What are the jobs that you do involving manual handling that stop you wanting to come to work?

If jobs involving manual handling stop you from wanting to come to work:

3A/ What are the specific tasks within the job that stop you from wanting to come to work?

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3B/ Why do these jobs or tasks stop you from wanting to come to work?

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3C/ How would you typically respond when you are asked to perform this task?

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Return survey to: Please provide your replies to **Insert name and location** through the internal mail or by email **insert email address**

Phone: **Insert phone number** if you have any queries.

You are encouraged to print and sign you name, however this is voluntary. Providing the information will help us to have a better understanding of how manual tasks affect you.

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| Name (Voluntary only): | |
| Signature: | |
| Work Team: | |
| Date: | |