



Musculoskeletal inspection

sample questions

This guide contains sample questions that can be used to develop a musculoskeletal inspection template which is specific to a work location.

Job design

Risk management and procedures	Yes / No / N/A		Further comments
Are all line managers sufficiently trained in risk management and undertaking risk assessments?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
Are jobs/tasks designed to eliminate or minimise manual handling?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
Are repetitive actions minimised?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
	N/A	<input type="checkbox"/>	
Is frequent or prolonged stooping, stretching or reaching above shoulder height, or sideways twisting of the body, avoided?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
Are staff able to take sufficient breaks from standing for long periods of time?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
Is kneeling/ bending for long periods of time minimised?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
Have all significant manual handling hazards been identified?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
Are risk assessments for specific manual handling operations in place?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
Are risk assessments reviewed frequently, and/or change has occurred?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	



Are specific risk assessments completed for vulnerable groups/ individuals?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Are there safe operating procedures in place for manual handling operations?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Are lifting and handling needs included in patient/client care plans?	Yes No N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Are staff provided with specific information and training for handling a patient/client who is confused, potentially violent or injured?	Yes No N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Are patients/clients given relevant information so they can assist as much as possible?	Yes No N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Is there an agreed procedure if a patient/client falls?	Yes No N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Do uniforms, protective equipment and other clothing that is provided by the employer allow for ease of movement?	Yes No N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Do staff use correct manual handling techniques when carrying out tasks?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Do staff receive manual handling training specific to their role prior to commencement?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Do staff receive and attend regular refresher manual handling and manual handling aid training in line with the organisation's training plans?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Do agency staff receive an induction which includes a manual handling briefing/ information and how to report incidents/ accidents?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	



Do agency staff receive regular information and update training on manual handling?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Do staff who use display screen equipment (DSE) receive relevant information and instruction on setting up and adjusting equipment to ensure a good posture can be maintained?	Yes No N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Do staff who are office based/ hybrid or home workers assess their workstation frequently to ensure it is set up correctly?	Yes No N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Are safety representatives consulted on: <ul style="list-style-type: none"> The introduction of any measure at the workplace which may substantially affect the health and safety of employees e.g. new technology, new equipment, new premises, ways of working (e.g. new shift patterns). 	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Are safety representatives consulted on: <ul style="list-style-type: none"> Information they must give their employees on risks to health and safety, and preventative measures, including information they are already required by other regulations to give their employees e.g. risks identified in risk assessments and the preventative and protective measures, emergency procedures. 	Yes No	<input type="checkbox"/> <input type="checkbox"/>	



Are safety representatives consulted on: <ul style="list-style-type: none"> • planning and organising of health and safety training they must provide, including manual handling related training • health and safety consequences of new technology health and safety e.g. new equipment, substances, processes, machinery etc. being planned for the workplace if there could be implications for employees' health and safety e.g. new equipment, substances, processes, machinery etc. 	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	

Environment

Risk management and procedures	Yes / No / N/A		Further comments
Is there adequate space for the use of appropriate manual handling techniques or mechanical aids (i.e. staff are not forced to adopt awkward poses)?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Is the flooring where manual handling tasks take place suitable (i.e. no visible defects, clean, dry,)?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Is the area well lit?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Is there a comfortable temperature in areas where manual handling takes place? E.g. if working in cold conditions, dexterity may be affected.	Yes No	<input type="checkbox"/> <input type="checkbox"/>	



Equipment

Risk management and procedures	Yes / No / N/A		Further comments
Are mechanical aids available and used in all instances where appropriate?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Is there enough space to use mechanical aids safely?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Is there evidence that staff are suitably trained in the use of mechanical aids?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Where mechanical assistance is not possible, are staff trained in safe lifting and handling techniques?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Is the Safe Working Load (SWL) clearly visible on lifting equipment (e.g hoists)?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Is there evidence to support that maintenance is completed and thorough examinations of lifting equipment and accessories in line with the requirements of Lifting Operations and Lifting Equipment Regulations 2002 are undertaken (at least every 6 months)?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Is equipment visually checked prior to each use?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Are all staff, who use lifting equipment, trained to safely use, clean and adjust the equipment?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	



Is there a robust procedure for reporting faulty/damaged equipment and for taking it out of use until it is repaired?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Are work surfaces/ areas used at a comfortable height?	Yes No N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Are chair backs and seat heights adjustable for staff who sit for long periods of time/ for DSE users?	Yes No N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Can office equipment (such as computer keyboards and screens) be adjusted to avoid body strain?	Yes No N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Are storage shelves organised to minimise bending and stretching?	Yes No N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Are heavier items stored at a convenient or adjustable height to suit the user?	Yes No N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Is the weight of loads known and clearly marked and are they small and light enough?	Yes No N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Are unbalanced, uneven, slippery, sharp or loads that are too hot or cold avoided?	Yes No N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Are loads securely packaged to avoid them shifting or spilling?	Yes No N/A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	



Organisation

Risk management and procedures	Yes / No / N/A		Further comments
Are there sufficient rest breaks to allow staff to recover from physically demanding work?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Can work routines be changed to spread physically demanding work more evenly between staff and shifts?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Are there good opportunities for two way communication on manual handling issues?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Do leaders positively promote good manual handling practice?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Are incident/accident/near miss reports encouraged and are they investigated with action plans developed to reduce recurrence?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	

Individual

Risk management and procedures	Yes / No / N/A		Further comments
Are staff encouraged to report any aches/ pain/ discomfort to their line manager?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Are staff given the opportunity in appraisals/ one to ones to discuss concerns about health issues which may affect them from doing their work?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
Where appropriate, are individual manual handling risk assessments undertaken with staff members?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	



<p>Has the employer implemented a health ability passport or similar scheme to take into account an individual's requirements for specific workplace adjustments due to their health/disability needs?</p>	<p>Yes No</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	
<p>Do staff know how to report an accident/incident/near miss?</p>	<p>Yes No</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	