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**MANUAL HANDLING RISK ASSESSMENT**

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| --- | --- | --- | --- |
| **Assessment Title:** |  | | |
| Department: |  | Manager Responsible: |  |
| Name of Assessors(s): |  | Job titles of staff involved in task: |  |
| Assessment Date: |  | Frequency of Task: |  |
| Location: |  | No. of Male/Female: |  |

|  |
| --- |
| Description of activity (where possible/applicable give – weights, carry distances and/or push/pull distances): |
| Existing Control Measures: |

**Action Plan**

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| --- | --- | --- | --- | --- | --- |
| **Action Ref No** | **Actions required to reduce the level of risk** | **Priority** | **Date action**  **required by** | **Who is to take action?** | **Date completed and signature** |
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| **Do additional controls specified in Action Plan adequately lower risk to an acceptable level?** | **YES / NO**  If NO explain in comments box below | **Signature of Manager**  "The risks identified in this assessment are controlled so far as is reasonably practicable" | |
| Signature: | Date: |
| Comments: | | | |

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| --- | --- | --- | --- | --- |
| **Date Reassessment  Due** | **Are there any changes to the activity since the last assessment?** | **Assessment Completed by** | **Signature of Manager** | **Date**  **Reassessment Completed** |
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**Section 1: Lifting & Carrying**

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| --- | --- | --- | --- | --- | --- | --- |
| Questions to Consider: **Highlight and respond to all that apply** | ✓\* | If yes, tick appropriate level of risk | | | Comments/ Problems occurring from the task. | Action Ref. No. (remedial action, e.g. changes that need to be made to the task, load, working environment etc.) |
| Low | Med | High |
| Do **The tasks** involve: | | | | | | |
| * holding loads away from trunk, twisting, stooping, reaching upwards, vertical movements, long distances, strenuous pushing or pulling, unpredictable movements of loads, repetitive handling? |  |  |  |  |  |  |
| * insufficient rest or recovery, a work rate imposed by a process? |  |  |  |  |  |  |
| Are **The loads**: | | | | | | |
| * Heavy, bulky/unwieldy, difficult to grasp, unstable/unpredictable, intrinsically harmful (e.g sharp/hot)? |  |  |  |  |  |  |
| **The working environment** – are there: | | | | | | |
| * constraints on posture, poor floors, variations in levels, hot/cold/humid conditions, strong air movements that will affect the load, poor lighting conditions? |  |  |  |  |  |  |
| **Individual capability** – does the job: | | | | | | |
| * require unusual capability, pose a risk to those with a health problem or a physical or learning difficulty, pose a risk to those who are pregnant, call for special information/training? |  |  |  |  |  |  |

\* Tick and annotate, all that apply

**Section 1: Lifting & Carrying**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Questions to Consider:  **Highlight and respond to all that apply** | ✓ | If yes, tick appropriate level of risk | | | | | Comments/ Problems occurring from the task. | Action Ref. No. (remedial action, e.g. changes that need to be made to the task, load, working environment etc.) |
| Low | Med | | High | |
| **Protective Clothing** | | | | | | | | |
| * Is movement or posture hindered by clothing or personal protective equipment (PPE)? |  |  | |  | |  |  |  |
| • Is there an absence of the correct/suitable PPE being worn? |  |  | |  | |  |  |  |

\* Tick and annotate, all that apply

**Section 2: Pushing & Pulling**

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| --- | --- | --- | --- | --- | --- | --- |
| Questions to consider: | ✓ | If yes, tick appropriate level of risk | | | Comments/ Problems occurring from the task. | Action Ref. No. (remedial action, e.g. changes that need to be made to the task, load, working environment etc.) |
| Low | Med | High |  |  |
| Do **the tasks** involve: | | | | | | |
| * high initial forces to get the load moving? |  |  |  |  |  |  |
| * high forces to keep the load in motion, sudden movements to start, stop or manoeuvre the load? |  |  |  |  |  |  |
| * Twisting/manoeuvring of the load into position or around obstacles? |  |  |  |  |  |  |
| * one handed operations or hands below the waist or above shoulder height? |  |  |  |  |  |  |
| * Movement at high speed or over long distances? |  |  |  |  |  |  |
| * Repetitive pushing/pulling? |  |  |  |  |  |  |
| Questions to consider: **Highlight and respond to all that apply** | ✓ | If yes, tick appropriate level of risk | | | Comments/ Problems occurring from the task. | Action Ref. No. (remedial action, e.g. changes that need to be made to the task, load, working environment etc.) |
| Low | Med | High |
| Do **the tasks** involve: | | | | | | |
| The **load or object** to be moved: |  |  |  |  |  |  |
| * does it lack good handholds? |  |  |  |  |  |  |
| * is it unstable/unpredictable, is vision over/around it restricted? |  |  |  |  |  |  |
| **If on wheels/castors, are they:** | | | | | | |
| * unsuitable for the type of load or for the floor surface/work environment? |  |  |  |  |  |  |
| * difficult to steer or easily damaged or defective? |  |  |  |  |  |  |
| * without brakes or difficult to stop or with poor/ineffective brakes? |  |  |  |  |  |  |
| * without a planned inspection and maintenance regime based on a frequency that keeps them in working order? |  |  |  |  |  |  |
| Consider **The working environment** – are there: | | | | | | |
| * constraints on body posture/positioning or confined spaces/narrow doorways? |  |  |  |  |  |  | |
| * Surfaces or edges to cause cuts/abrasions/burns to hands or body? |  |  |  |  |  |  | |
| * Rutted/damaged/slippery floors or ramps/slopes/uneven surfaces? |  |  |  |  |  |  | |
| * Trapping or tripping hazards? |  |  |  |  |  |  | |
| * Poor lighting conditions, hot/cold/humid conditions, strong air movements? |  |  |  |  |  |  | |

\* Tick and annotate, all that apply

**Section 2: Pushing & Pulling**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Questions to consider:  **Highlight and respond to all that apply** | ✓\* | If yes, tick appropriate level of risk | | | | | Comments/ Problems occurring from the task. | Action Ref. No. (remedial action, e.g. changes that need to be made to the task, load, working environment etc.) | |
| Low | Med | | High | |  |
| Consider **Individual capability** – does the job: | | | | | | | | | |
| * require unusual capability |  |  | |  | |  |  | |  |
| * hazard to those with a health problem or a physical or learning difficulty or those who are pregnant |  |  | |  | |  |  | |  |
| * call for special information/training |  |  | |  | |  |  | |  |
| **Consider: Equipment** | | | | | | | | | |
| * Is movement or posture hindered by clothing or personal protective equipment |  |  | |  | |  |  | |  |
| * Is there an absence of the appropriate PPE being worn? |  |  | |  | |  |  | |  |
| * Are trolleys/carts/floor surfaces poorly maintained/cleaned/repaired or is there a lack of regular maintenance procedures for the equipment? |  |  | |  | |  |  | |  |

\* Tick and annotate, all that apply

**Section 3: Lifting & Carrying/Pushing & Pulling**

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| --- | --- | --- | --- | --- |
| Questions to consider: **Highlight and respond to all that apply** | ✓ | Comments/ Problems occurring from the task. | | Action Ref. No. (remedial action, e.g. changes that need to be made to the task, load, working environment etc.) |
| **Consider: WorkOrganisation** | | | | |
| * Do workers feel that there has been a lack of consideration given to the planning and scheduling of tasks/rest breaks? |  | |  |  |
| * Do workers feel that there is poor communication between users of equipment and others (e.g. managers, purchasers etc)? |  | |  |  |
| * Are there sudden changes in workload, or seasonal changes in volume without mechanisms for dealing with the change? |  | |  |  |
| * Do workers feel they have not been given enough training and information to carry out the task successfully? |  | |  |  |

\* Tick and annotate, all that apply