## English version (240px width png) Colour

## Manual Handling Assessment Form

**Task: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assessor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TASK**  **Does it involve:** | HAZARD  PRESENT | RISK  ASSESS-MENT | CONTROLS/MEASURES TO REDUCE RISK  **Can you:** | FEASIBLE | RESIDUAL RISK  + ACTION DEADLINE |
| Holding load away from trunk |  |  | Avoid holding loads away from trunk |  |  |
| Twisting |  |  | Reduce the amount of twisting |  |  |
| Stooping |  |  | Reduce the amount of stooping |  |  |
| Reaching upwards |  |  | Reduce reaching upwards |  |  |
| Large vertical movement |  |  | Avoid lifting from floor or above shoulder height |  |  |
| Long carrying distances |  |  | Cut carrying distances |  |  |
| Strenuous pulling/pushing |  |  | Avoid strenuous handling |  |  |
| Unpredictable/sudden movement of load |  |  | Can load be secured |  |  |
| Repetitive handling |  |  | Avoid repetitive handling |  |  |
| Insufficient rest/recovery time |  |  | Incorporate rest/recovery time |  |  |
| Work rate imposed by a process |  |  | Can work rate be modified |  |  |
| Is handling equipment available |  |  | Is equipment required |  |  |
| Is it suitable to the task |  |  | Can equipment be modified |  |  |
|  |  |  | Can other layout changes be made to improve efficiency |  |  |
| Unstable posture |  |  |  |  |  |
| Strenous |  |  |  |  |  |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **LOADs**  **Are they** | HAZARD  PRESENT | RISK ASSESS-MENT | **CONTROLS/MEASURES TO REDUCE RISK**  **Can you make load:** | FEASIBLE | RESIDUAL  RISK + ACTION DEADLINE |
| Heavy |  |  | Lighter |  |  |
| Bulky/large |  |  | less bulky/large |  |  |
| Unwieldy |  |  | more compact |  |  |
| Difficult to grasp |  |  | Easier to grasp |  |  |
| Unstable |  |  | More stable |  |  |
| Unpredictable |  |  | More secure |  |  |
| Harmful |  |  | Less harmful |  |  |
|  |  |  | Can supplier assist ? |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ENVIRONMENT**  **Are there** | HAZARD  PRESENT | RISK ASSESS-MENT | **CONTROLS/MEASURES TO REDUCE RISK**  **Can you:** | FEASIBLE | RESIDUAL  RISK + ACTION DEADLINE |
| Constraints on posture/limited space |  |  | Remove obstructions |  |  |
| Poor floors |  |  | Provide better flooring |  |  |
| Variations in level |  |  | Avoid steps/steep ramps |  |  |
| Hot/Cold/Humid |  |  | Prevent extremes |  |  |
| Strong air movements |  |  | Reduce risk from wind, etc. |  |  |
| Poor lighting |  |  | Improve lighting |  |  |
| Constraints on posture from clothes/PPE |  |  | Can clothes/PPE be modified |  |  |

|  |  |  |  |  |  |
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| **INDIVIDUAL**  **Does the job** | HAZARD  PRESENT | RISK ASSESS-MENT | **CONTROLS/MEASURES TO REDUCE RISK** | FEASIBLE | RESIDUAL  RISK + ACTION DEADLINE |
| Unusual capability |  |  | Take better care of handlers with special needs |  |  |
| Endanger those with a health problem |  |  | Take better case of handlers with special needs |  |  |
| Endanger pregnant women |  |  | Take better case of pregnant handlers |  |  |
| Require special information/training |  |  | More training needed  More information needed |  |  |
|  |  |  | Are all staff carrying out this task trained |  |  |

**Overall risk assessment: :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review date: :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Signature of**

**Local Staff Member: :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**