

**MANUAL HANDLING ASSESSMENT**

SUMMARY OF OPERATION

LOAD BEING HANDLED

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 .....  
 .....

.....  
 .....  
 .....

LOCATION .....

PERSONNEL INVOLVED .....

.....

DATE OF ASSESSMENT .....

If the answer to question is “Yes”, place a tick against it and consider the possible remedial action which could reduce the risk.

**THE TASKS - DO THEY INVOLVE:**

- holding loads away from trunk?
- twisting?
- stooping?
- reaching sideways?
- reaching upwards?
- large vertical movements?
- lifting above shoulder height?
- lifting below knee height?
- change in posture/position?
- long carrying distances?
- strenuous pulling or pushing?
- unpredictable movement of loads?
- repetitive handling?
- insufficient rest or recovery?
- a workrate imposed by a process?

**THE LOADS - ARE THEY:**

- heavy?
- bulky/unwieldy?
- difficult to grasp?
- intrinsically harmful (e.g. sharp/hot)
- unstable/unpredictable?
- obstruct persons vision?
- is it difficult for the person to obtain assistance when handling difficult or heavy loads?

**THE WORKING ENVIRONMENT - ARE THERE:**

- constraints on posture?
- obstructions
- poor floors?
- variations in levels?
- hot/cold/humid conditions?
- strong air movements?
- poor lighting conditions?

Yes	Possible Remedial Action

**INDIVIDUAL CAPABILITY - DOES THE JOB:**

- require unusual capability?
- create a hazard to those with a health problem?
- create a hazard to those who are pregnant?
- call for special information/training?
- call for manual handling training?

**OTHER FACTORS**

- Is movement or posture hindered by clothing or personal protective equipment?
- 

Yes	Possible Remedial Action

**REMEDIAL ACTION**

What remedial action should be taken to reduce the risk? (In order of priority)

- |         |         |
|---------|---------|
| 1. .... | 2. .... |
| 3. .... | 4. .... |
| 5. .... |         |

Overall priority for remedial action      Low/Medium/High

Date by which action is to be taken      .....

Date for reassessment      .....

Assessor's Name ..... Signature .....