YOUR COMPANY NAME

MANUAL HANDLING ASSESSMENT FORM

WHAT TO DO:

- complete the 'Summary' below
- consider the risk of injury from manual handling operations
- identify steps that can remove or reduce the risk
- compare it with your other manual handling assessments
- decide your priorities for action and document
- implement, file and periodically review the documentation

SUMMARY OF ASSESSMENT

	tions covered assessment								
Persor	nnel involved								
Date o	ıf		Location			Assessor's			
Asses			Location			name			
						_			
Date a taken l	ction is to be		Reassess Date			Assessor's signature			
lakeiii	Бу		Date			Signature			
Nil/Lov	v/Medium/High	۱*							
Remed be take	dial action to en:								
Sectio	on A - Prelimir	nary:					* Tick as	approp	riate
Q1	Do the operations involve a significant risk of injury? If 'Yes' go to Q2 If 'No' the assessment need go no further If in doubt answer 'Yes'							Yes	No*
Q2	Can the operations be avoided/mechanised/automated at reasonable cost? If 'No' go to Q3 If 'Yes' proceed and then check that the result is satisfactory						Yes	No*	
Q3	Has the oper	ration been pr	eviously ass	essed and is th	e assessme	ent still current?			
	If 'NI	o' go to Sectio	ın R					Yes	No*
		es' you may g		Section C				H	H
Sectio	n B - Detailed		_	23011011 0				Ш	Ш

Your company name here 1 of 3 Oct 2008 Ver.0

Questions: (Tick as appropriate, if the answer to a question is 'Yes' consider the level of risk)				Level of Risk			Possible F (Make roug column in p completing	gh notes in preparation	this for
		No	Yes	Low	Med	High			
	ne tasks - do they involve:								
*	holding loads away from trunk?								
*	twisting?								
*	stooping?								
*	reaching upwards? large vertical movements?		-						
*	long carrying distances?								
<u> </u>	strenuous pushing or pulling?								
<u> </u>	unpredictable movement of loads?								
•	repetitive handling?								
•	insufficient rest or recovery?								
٠	ne loads - are they: heavy?								
	bulky/unwieldy?								
_	difficult to grasp?								
*	unstable/unpredictable? intrinsically harmful (e.g. sharp/hot)?								
Tŀ	ne working environment - are there: constraints on posture?								
•	poor floors?								
*	variations in levels?								
<u>*</u>	poor lighting?hot/cold/humid conditions?								
In	dividual capacity - does the job: require unusual capability?								
+	hazard those with a health problem?								
hazard those who are pregnant?									
•	call for special information/training?								
01	ther factors: Is movement or posture hindered by clothing or personal protective equipment?								
	nen you have completed Section B go to ection C - Overall Assessment of Risk What is your overall assessment			v?	Insigr Г	nificant	Low	Medium	High*
•	•		nt or injur	<i>j</i> .	L			Ш	Ш
	If not 'insignificant' go to Section	D							
	If 'insignificant' the assessment n	eed go r	o further						
Se	ection D - Remedial Action:								
Q	What remedial steps should be ta	aken, in o	order of p	riority?					
			_						

1			
2			
3			
4			
5			
6			
7			