

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

Operations covered by this assessment

Personnel involved

Date of Assessment

Location

Assessor's name

Date action is to be taken by

Reassess Date

Assessor's signature

Nil/Low/Medium/High*

Remedial action to be taken:

Section A - Preliminary:

* Tick as appropriate

- Q1 Do the operations involve a significant risk of injury? Yes No*
- If 'Yes' go to Q2
- If 'No' the assessment need go no further
- If in doubt answer 'Yes'
- Q2 Can the operations be avoided/mechanised/automated at reasonable cost? Yes No*
- If 'No' go to Q3
- If 'Yes' proceed and then check that the result is satisfactory
- Q3 Has the operation been previously assessed and is the assessment still current? Yes No*
- If 'No' go to Section B
- If 'Yes' you may go straight to Section C

Section B - Detailed Assessment

1
2
3
4
5
6
7