

Manual Handling Risk Assessment

Work Process

Assessor(s): _____ **Date:** _____

Contractor: _____ **Name of Handler(s):** _____

Description of load:

Description of operation with line diagram or picture if required:

- | | Yes | No | |
|--------------------------------|--------------------------|--------------------------|---------------------------------------|
| 1. Significant risk of injury? | <input type="checkbox"/> | <input type="checkbox"/> | If No, assessment is complete. |
| 2. Can the risk be avoided? | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, document Further Action below |
| 3. Can the risk be reduced? | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, document Further Action below |
| 4. Do staff require training? | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, document Further Action below |

Information to enable you to answer the above questions

Load	Yes	No	Environment	Yes	No
Heavy	<input type="checkbox"/>	<input type="checkbox"/>	Poor floors	<input type="checkbox"/>	<input type="checkbox"/>
Bulky / unwieldy	<input type="checkbox"/>	<input type="checkbox"/>	Variations in levels	<input type="checkbox"/>	<input type="checkbox"/>
Unstable	<input type="checkbox"/>	<input type="checkbox"/>	Hot/Cold/Humid	<input type="checkbox"/>	<input type="checkbox"/>
Difficult to hold	<input type="checkbox"/>	<input type="checkbox"/>	Poor Lighting	<input type="checkbox"/>	<input type="checkbox"/>
Harmful (sharp, hot etc)	<input type="checkbox"/>	<input type="checkbox"/>	Clear route	<input type="checkbox"/>	<input type="checkbox"/>
			Unobstructed destination	<input type="checkbox"/>	<input type="checkbox"/>
Tasks			Individuals		
Strenuous	<input type="checkbox"/>	<input type="checkbox"/>	Task requires unusual capabilities	<input type="checkbox"/>	<input type="checkbox"/>
Load high/low, stooping/reaching	<input type="checkbox"/>	<input type="checkbox"/>	Require special training	<input type="checkbox"/>	<input type="checkbox"/>
Unstable	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical Aids		
Difficult to hold	<input type="checkbox"/>	<input type="checkbox"/>	Lifts and hoists	<input type="checkbox"/>	<input type="checkbox"/>
Harmful (sharp, hot etc)	<input type="checkbox"/>	<input type="checkbox"/>	Access equipment	<input type="checkbox"/>	<input type="checkbox"/>
			Other	<input type="checkbox"/>	<input type="checkbox"/>

Further Action

Prepared By _____ Position _____ Signed _____ Date _____