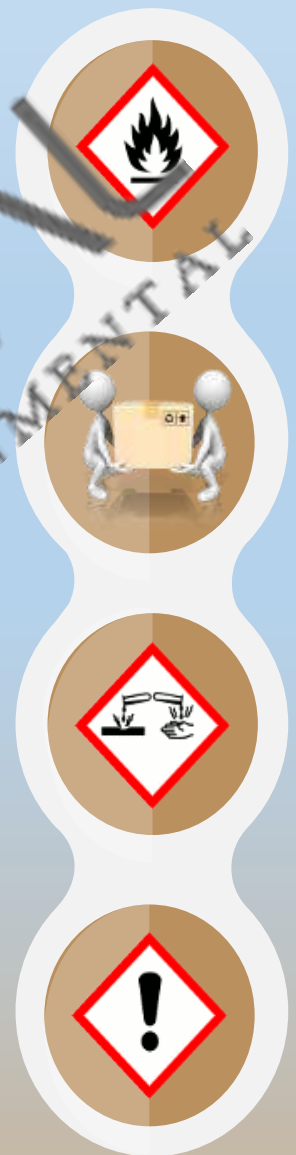


MANUAL HANDLING ASSESSMENT for



Many factors have to be deliberated when carrying out an assessment - resulting in a variety of explicit control measures and solutions.

Location of premises		Assessment number	
Contractor		Assessed by – Print name	
Name of manager / supervisor		Signature	
Contact telephone		Weight of load (Kg)	
Location of task		Date	
representative		Date of Assessment	
Operations to be covered by the assessment		Review date	
Personnel involved			
1.	2.	3.	4.
5.	6.	7.	8.
10.	11.	12.	13.



Plan



Place



Good Posture



Firm Grip



Lift the Load



Lower the Load

Section 1 - Preliminary					
A	Do the operations involve a significant risk of injury? If 'YES', proceed to question B.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If 'NO', the assessment need go no further.				
B	Can the operations be avoided / mechanized / automated at a reasonable cost?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If 'YES', proceed and check result is satisfactory. If 'NO', proceed to SECTION 2.				

Section 2 – Detailed Assessment			
Circumstances	YES	NO	Remedial Actions
The tasks – do they involve:			
* Holding loads away from the trunk?	<input type="checkbox"/>	<input type="checkbox"/>	
* Twisting?	<input type="checkbox"/>	<input type="checkbox"/>	
* Stooping?	<input type="checkbox"/>	<input type="checkbox"/>	
* Reaching upwards?	<input type="checkbox"/>	<input type="checkbox"/>	
* Large vertical movements?	<input type="checkbox"/>	<input type="checkbox"/>	
* Long carrying distances?	<input type="checkbox"/>	<input type="checkbox"/>	
* Strenuous pushing or pulling?	<input type="checkbox"/>	<input type="checkbox"/>	
* Unpredictable movement of loads?	<input type="checkbox"/>	<input type="checkbox"/>	
* Repetitive handling?	<input type="checkbox"/>	<input type="checkbox"/>	
* Insufficient rest or recovery?	<input type="checkbox"/>	<input type="checkbox"/>	
* A work rate imposed by a process?	<input type="checkbox"/>	<input type="checkbox"/>	
The loads – are they:			
* Heavy?	<input type="checkbox"/>	<input type="checkbox"/>	
* Bulky / Unwieldy?	<input type="checkbox"/>	<input type="checkbox"/>	
* Difficult to grasp?	<input type="checkbox"/>	<input type="checkbox"/>	
* Unstable	<input type="checkbox"/>	<input type="checkbox"/>	
* Intrinsically harmful (e.g. sharp / hot)	<input type="checkbox"/>	<input type="checkbox"/>	
* Unpredictable?	<input type="checkbox"/>	<input type="checkbox"/>	

Circumstances	YES	NO	Remedial Actions
The working environment – are there:			
* Constraints on posture?	<input type="checkbox"/>	<input type="checkbox"/>	
* Poor floors?	<input type="checkbox"/>	<input type="checkbox"/>	
* Variations in levels?	<input type="checkbox"/>	<input type="checkbox"/>	
* Hot / Cold / humid conditions?	<input type="checkbox"/>	<input type="checkbox"/>	
* Strong air movements?	<input type="checkbox"/>	<input type="checkbox"/>	
* Poor lighting conditions?	<input type="checkbox"/>	<input type="checkbox"/>	
Individual Capability – does the job:			
* Require unusual capability?	<input type="checkbox"/>	<input type="checkbox"/>	
* Hazard those with a health problem?	<input type="checkbox"/>	<input type="checkbox"/>	
* Hazard those who are pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	
* Call for special information / training?	<input type="checkbox"/>	<input type="checkbox"/>	
Other factors:			
* Is movement or posture hindered by clothing or PPE	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3 – Overall Assessment of Risk				
What is your overall assessment of the risk of injury? If “Insignificant”, the assessment need go no further. If “Low/Med./High”, proceed to SECTION 4.	Insignificant <input type="checkbox"/>	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>

