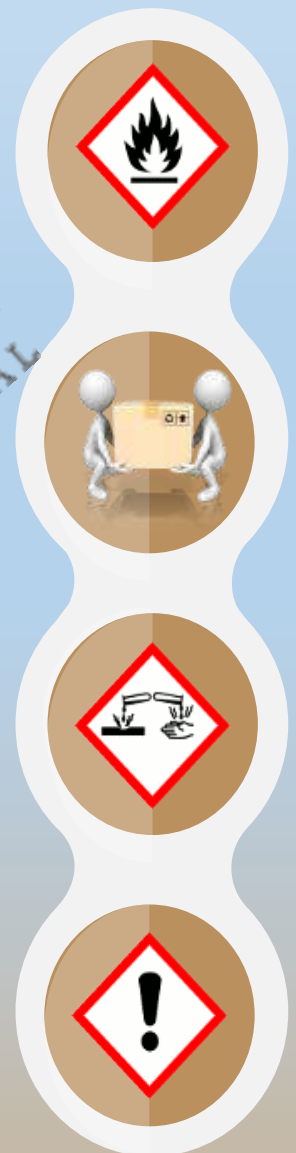


MANUAL HANDLING ASSESSMENT for

S.H.E GLOBAL
SAFETY · HEALTH · ENVIRONMENTAL



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"/> | |
| * Intrinsicly 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"/> |

Section 4 – Remedial Action

What remedial steps should be taken in order of priority?

