

MANUAL HANDLING ASSESSMENT FORM

Ref No: _____ Task: _____

Questions To Consider (If the answer to a question is YES, place a tick against it, then consider level of risk)			Level of Risk			Possible Remedial Action (Make rough notes in this column in preparation for completing M Handling Controls Form)
	No	Yes	L	M	H	
The Tasks - do they involve:						
• holding loads away from the trunk?						
• twisting?						
• stooping?						
• reaching upwards?						
• large vertical movements?						
• long carrying distances?						
• strenuous pushing or pulling?						
• unpredictable movement of loads?						
• repetitive handling?						
• insufficient rest or recovery?						
• a workrate imposed by a process?						
The Loads - are they:						
• heavy?						
• bulky/unwieldy?						
• difficult to grasp?						
• unstable /unpredictable?						
• intrinsically harmful (e.g. sharp/hot)?						
The Working Environment - are there:						
• constraints on posture?						
• poor floors						
• variations in levels?						
• hot/cold/humid conditions?						
• strong air currents						
• poor lighting conditions?						
Individual Capability - does the job:						
• require unusual capability?						
• hazard those with a health problem?						
• hazard those who are pregnant?						
• call for special information/training?						
Other Factors:						
• Is movement or posture hindered by clothing or personal protective equipment?						
Deciding the level of risk requires a qualitative judgement. When completed, attach this worksheet to the Manual Handling Controls Form (F009B).						

Name of Assessor(s): _____

Area/Location: _____

Date: _____

Review Date: _____

Manual Handling Assessment Form

K Payea

A red circular graphic with a gradient, appearing as a semi-circle or a partial circle, located to the right of the author's name.

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