**Manual Handling Assessment Checklist**

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| **MANUAL HANDLING OF LOADS**  **Assessment Checklist** | | | | | |
| **SUMMARY OF ASSESSMENT**  **Operations covered by this assessment:**  **Locations:**  **Personnel involved:**  **Date of assessment:** | | | **Overall priority for remedial action: ( Nil / Low / Med / High)**  **Remedial action to be taken:**  **Date by which action is to be taken:**  **Date for reassessment:**  **Assessors name:**   **Signature:** | | |
| **Section A - Preliminary:** | | | | | |
| Q1  Q2  Q3 | Do the operations involve a significant risk of injury?  If ‘Yes’ go to Q2. If ‘No’ the assessment need to go no further.  If in doubt answer ‘Yes’.  Can the operations be avoided/mechanised “automated at reasonable cost?  If ‘No’ go to Q3. If ‘Yes’ proceed and then check that the result is satisfactory.  Are the operations clearly within the guidelines in Appendix 2?  If ‘No’ go to Section B. If ‘Yes’ you may go straight to Section C if you wish. | | | | Yes/No  Yes/No  Yes/No |
| **Section C - Overall assessment of risk:** | | | | | |
| Q | What is your overall assessment of the risk of injury? | | | Insignificant / Low / Med / High | |
|  | If not ‘Insignificant’ go to Section D. If ‘Insignificant’ the assessment need go no further. | | | | |
| **Section D - Remedial Action:** | | | | | |
| Q | What remedial steps should be taken, in order of priority? | | | | |
|  | 1  2  3  4  5  6 |  | | | |

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| **Section B - More detailed assessment, where necessary:** | | | | | | |
| **Questions to consider:**  (If the answer to a question is ‘Yes’ place a tick against it and then consider the level of risk) | | **Level of risk:**  (Tick as appropriate) | | | **Problems occurring from the task**  **(Make rough notes in this column in preparation for completing Section D)** | **Possible remedial action**  **Changes that could be made to system / task, load, workspace or environment** |
| **The tasks - do they involved:** | Yes | Low | Med | High |  |  |
| holding loads away from trunk? |  |  |  |  |  |  |
| twisting? |  |  |  |  |  |  |
| stooping? |  |  |  |  |  |  |
| reaching upwards? |  |  |  |  |  |  |
| large vertical movement? |  |  |  |  |  |  |
| 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 movements? |  |  |  |  |  |  |
| 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 will inevitably call for judgement.  **When you have completed Section B go to Section C.** |  |  |  |  |  |  |