

MANUAL HANDLING RISK ASSESSMENT CHECK LIST

Department		Assessment Number	
Job		Date	

TASK			
Description			
Frequency		Duration	
Ergonomic Check List			
	Does the task include;	Yes	No
1	Holding the load at a distance from the trunk	<input type="checkbox"/>	<input type="checkbox"/>
2	Twisting the trunk	<input type="checkbox"/>	<input type="checkbox"/>
3	Poor Posture (stooping/bending)	<input type="checkbox"/>	<input type="checkbox"/>
4	Lifting lowering above the shoulder/below the waist	<input type="checkbox"/>	<input type="checkbox"/>
5	Carrying a distance of more than 10 metres	<input type="checkbox"/>	<input type="checkbox"/>
6	Pushing/Pulling a load more than 10 metres	<input type="checkbox"/>	<input type="checkbox"/>
7	Risk of sudden movement of load	<input type="checkbox"/>	<input type="checkbox"/>
8	Frequent or prolonged physical effort	<input type="checkbox"/>	<input type="checkbox"/>
9	Insufficient rest/recovery period	<input type="checkbox"/>	<input type="checkbox"/>
10	Handling whilst seated	<input type="checkbox"/>	<input type="checkbox"/>
11	Team handling (more than one person involved)	<input type="checkbox"/>	<input type="checkbox"/>
12	More than 12 handling operations per minute	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

INDIVIDUAL			
Who performs the task:			
Capability check list, does the task;			
1	Require unusual strength of height	<input type="checkbox"/>	<input type="checkbox"/>
2	Put at risk those who are pregnant or may have health restrictions	<input type="checkbox"/>	<input type="checkbox"/>
3	Requires special knowledge of training	<input type="checkbox"/>	<input type="checkbox"/>
4	Requires more than one person to perform it	<input type="checkbox"/>	<input type="checkbox"/>
5	Need mechanical assistance	<input type="checkbox"/>	<input type="checkbox"/>
6	Need specific PPE/workwear	<input type="checkbox"/>	<input type="checkbox"/>
7	Feature in accident statistics	<input type="checkbox"/>	<input type="checkbox"/>
Comments			

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LOAD			
Description:			
Load factors check list, is it;		Yes	No
1	Heavy (state weight)	<input type="checkbox"/>	<input type="checkbox"/>
2	Bulky/difficult to grasp	<input type="checkbox"/>	<input type="checkbox"/>
3	Sharp/Hot/Cold	<input type="checkbox"/>	<input type="checkbox"/>
4	Unstable or with content likely to shift	<input type="checkbox"/>	<input type="checkbox"/>
5	Contain hazardous substances	<input type="checkbox"/>	<input type="checkbox"/>
Comments			

ENVIRONMENT			
Description of area:			
Does the working environment have;		Yes	No
1	Space constraints	<input type="checkbox"/>	<input type="checkbox"/>
2	Uneven/sloping or unstable flooring	<input type="checkbox"/>	<input type="checkbox"/>
3	Steps	<input type="checkbox"/>	<input type="checkbox"/>
4	Extreme temperature (Hot/Cold) High Humidity	<input type="checkbox"/>	<input type="checkbox"/>
5	Poor lighting conditions	<input type="checkbox"/>	<input type="checkbox"/>
6	Extreme noise	<input type="checkbox"/>	<input type="checkbox"/>
7	Wet/slippery floors	<input type="checkbox"/>	<input type="checkbox"/>
8	Adverse weather conditions	<input type="checkbox"/>	<input type="checkbox"/>
9	Constraints on manoeuvring the load	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Overall risk assessment of task		Yes	No
1	Does the operation involve a significant risk of injury	<input type="checkbox"/>	<input type="checkbox"/>
2	Can the operation be avoided/mechanised/automated	<input type="checkbox"/>	<input type="checkbox"/>

Legal Requirements: Health and Safety at Work Act 1974, Management of Health and Safety at Work Regs 1999, Manual Handling Operations Regs 1992

Recommendations:

Review date:			
Assessor:		Supervisor:	
Signature:		Signature:	