

MANUAL HANDLING ASSESSMENT

Manual Handling task covered by this assessment:

THE TASK – does is involve	NO	YES		POSSIBLE REMEDIAL ACTION
• Holding loads away from trunk?	0	4		
• Twisting?	0	2		
• Stooping?	0	4		
• Reaching/lifting above shoulder height?	0	4		
• Long carrying distance?	0	3		
• Strenuous pushing or pulling?	0	3		
• Handling while seated?	0	3		
• Repetitive movement?	0	2		
• Insufficient recovery time?	0	3		
THE LOAD – is it				
• Heavier than 25 kgs?	0	4		
• Bulky?	0	2		
• Difficult to grasp?	0	2		
• Intrinsically harmful (e.g. sharp/hot)?	0	4		
• Unstable/unpredictable in movement?	0	4		
THE WORKING ENVIRONMENT – are there				
• Limitations on movement?	0	3		
• Lack of working space?	0	3		
• Uneven/slippery/unstable floors/ground?	0	2		
• Hot/cold/humid conditions?	0	1		
• Strong air movements?	0	2		
• Poor lighting conditions?	0	1		
INDIVIDUAL CAPABILITY – does the job				
• Require unusual strength/height?	0	2		
• Pose possible hazard to those with a health problem?	0	2		
• Pose possible hazard to those who are pregnant?	0	2		
• Call for additional information/training?	0	2		
OTHER FACTORS – can movement or possible posture be hindered by				
• Clothing?	0	1		
• Personal protective equipment?	0	1		
• An emergency of unplanned event?	0	2		
SUB TOTAL				
IF THE TASK INVOLVES TIME PRESSURES ADD 10				
RISK FACTOR				

HOW OFTEN IS THE TASK CARRIED OUT?					
Does the activity involve: (select one of the below)	Risk Factor		Frequency Factor		TOTAL RISK RATING
Frequent handling (several times a day)		X	4	=	
Regular handling (several times a week)		X	3	=	
Occasional handling (several times a month)		X	2	=	
Infrequent handling (several times a year)		X	1	=	

Summary of Assessment
<p>Number of personnel who carry out this task:</p> <p>Job title(s) of personnel who carry out this task:</p> <p>Total Risk Rating: <input style="width: 100px; height: 20px;" type="text"/></p>

Risk Rating

0-10 Very Low Risk; **10-40** Low Risk; **40-70** Significant Risk; **70-100** High Risk;
100-200 Very High Risk; **200-300** Unacceptable risk.

Remedial action to take in order of priority	Date to be completed by	Date completed
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		

Date of assessment:

Assessor's name:

Signature: