

**Manual Handling Risk Assessment form**

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| Name of Risk Assessor |
| Name and location of unit |
| **Part 1**  **Describe the task** |
| **Part 2**  **Determine the hazards and the risks that the task poses** |
| ***Worker information*** Is the worker pregnant Yes No Not Applicable Does the worker suffer from asthma, rhinitis, or allergies Yes No Does the worker have a pre-existing condition that could make them more vulnerable than usual to the work Yes No Has the worker been trained Yes No When was the worker trained Date  Has the worker recently recovered from illness Yes No  |
| ***Information relating to the Task***  Nature of potential Task Hazard(s)  Pushing Pulling Repetition Twisting Reaching Carrying long Insufficient Vertical  Load Load body upwards distances rest movements Load carried Load will cause Load requires Load requires Load requires  Away from constricted unusual capacity 2 people to equipment to  Body posture to move move safely move safely |
| ***Information relating to the Individual undertaking the task***  Male Female Trained Pregnant ***Information relating to the Load being moved*** Type of potential Load hazard(s)  Solid Liquid Unstable Cold Sharp Asymmetric Chemical Top-heavy Bulky load or Hot edged load load Hard to grasp Slippery ***Information relating to the Environment where the load is being moved.***Type of Environmental hazard(s)  Cold Wet Slippery Steps Poorly Doors People  floor litConfined Trip Obstructions Rough  space hazards floor |
| ***State the Risks to Health and Safety from Identified Hazards and indicate those who could be affected by the work / task*** |
| ***Safety measures currently in place***Control Measures: *(for example trolleys, gloves, footwear, training, supervision). Include special measures for vulnerable groups, such as disabled people and pregnant workers.* *Take account of the potential for those nearby to cause obstructions during manual handling.*  |
| **Part 3 Indicate the level of the risk the task poses using current safety**  **Measures**Explain the reason for your decision (Refer to part 3 of the guidanace. Risk could be Low / Medium / High)  |
| **Part 4 Determine ways to further control the risks**Refer to part 4 of the guidance |
| ***Required Personal Protective Equipment*** Respiratory Protection Yes No Not Applicable for the work Gloves Yes No Not Applicable for the work Eye Protection Yes No Not Applicable for the work Other (please state) |
| ***Risk Control***Are the risks asscoiated with the project adequately controlled Yes No Please state you reason |
| **Part 5 Implementation and Communication of the Manual handling Assessment**Date of completion of AssessmentName of AssessorWho is responsible for communicatuing this assessment to other staff Signatures of those covered by this assessment |
| **Part 6 Review of the Manual Handling Assessment**Completion date of assessmentReview date of assessment |