

MANUAL HANDLING RISK ASSESSMENT FORM

Department:		Section:		Location:	
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Activity/Process	Location of Activity/Process	Number of persons at risk	1	2- 5	6-10	10 +
Manual Handling		Employees				
		Others				

Hazards involved with Activity/Process	YES/NO	Existing Safety Measures/Controls	Score See Table Below	Additional controls required	Responsibility (Name)	Signature on Completion
THE TASKS - do they involve? <ul style="list-style-type: none"> • Holding the load away from the trunk • Twisting • Stooping • Reaching upward • Long vertical movement Long carrying distances • Strenuous pushing or pulling • Unpredictable movement of loads • Repetitive handling • Insufficient rest or recovery • A work rate imposed by process 			X =			
					Target Date	Completion Date
					New Score	X =
THE LOADS - are they: <ul style="list-style-type: none"> • Heavy • Bulky/Unwieldy • Difficult to grasp • Unstable/Unpredictable • Harmful (e.g. hot or sharp) • Does PPE affect ability to lift safely 			X =			
					Target Date	Completion Date
					New Score	X =
THE ENVIRONMENT - are there: <ul style="list-style-type: none"> • Constraints on posture • Poor floors • Variations on levels • High or low temperatures • Strong air movements • Poor lighting conditions 			X =			
					Target Date	Completion Date
					New Score	X =

Hazards involved with Activity/Process	YES/NO	Existing Safety Measures/Controls	Score See Table Below	Additional controls required	Responsibility (Name)	Signature on Completion
INDIVIDUAL CAPABILITY • Does the job: • Require unusual capability • Call for special training • Hazard to those with health problem • Hazard to those who are pregnant			X =			
					Target Date	Completion Date
					New Score	X =

Risk Rating Model	1 Trivial injury	2 Slight injury	3 Serious injury	4 Major injury or death
1 Most unlikely	1 Minimal	2 Minimal	3 Low	4 Low
2 Unlikely	2 Minimal	4 Low	6 Medium	8 Medium
3 Likely	3 Low	6 Medium	9 High	12 High
4 Most likely	4 Low	8 Medium	12 High	16 High

Rating Band	Action
1 – 2 = Minimal Risk	Maintain Control Measures
3 – 4 = Low Risk	Review Control Measures
6 – 8 = Medium Risk	Improve Control Measures
9 – 12 – 16 = High Risk	Improve Control Measures immediately / Consider stopping work

Date	Assessor	Signature	Managers Name & Signature	Date
Comments: Assessment review date: (1 year from last review date unless process changes or other wise stated)				

Review Date	Assessor	Signature	Date	Remarks