

Manual handling Risk assessment

HS-016



Company Name

Assessor Name

Date

Project/Site

Activity and load details

Description of task

Load weight (KG's)

Carrying distance

Will other
manual handling
tasks be carried
out by these
operators?

Yes

No

If Yes, please
provide details

Has the
assessment
been discussed
with employees

Yes

No

If yes, please
provide details

Diagram

Use this space to draw diagram of how activity will be undertaken (If required)

Number of Employees

Number of others:

Does the task involve?

Holding loads away from the body	Yes	If yes, please provide details
	No	
Twisting	Yes	If yes, please provide details
	No	
Stooping	Yes	If yes, please provide details
	No	
Reaching	Yes	If yes, please provide details
	No	
Large vertical movement	Yes	If yes, please provide details
	No	

Long carrying distances	Yes	If yes, please provide details
	No	
Strenuous pushing or pulling	Yes	If yes, please provide details
	No	
Unpredictable movement of load	Yes	If yes, please provide details
	No	
Repetitive handling	Yes	If yes, please provide details
	No	
Insufficient rest or recovery	Yes	If yes, please provide details
	No	

Are the loads?

Heavy	Yes	If yes, please provide details
	No	
Bulky/unwieldy	Yes	If yes, please provide details
	No	
Difficult to grasp	Yes	If yes, please provide details
	No	
Unstable/Unpredictable	Yes	If yes, please provide details
	No	
Intrinsically harmful (Sharp/hot etc.)	Yes	If yes, please provide details
	No	

The work environment - Is there?

Constraints on posture	Yes	If yes, please provide details
	No	
Poor floor conditions	Yes	If yes, please provide details
	No	
Variations in levels	Yes	If yes, please provide details
	No	
Hot/Humid/Cold conditions	Yes	If yes, please provide details
	No	

Strong Air movement	Yes	If yes, please provide details
	No	
Poor lighting	Yes	If yes, please provide details
	No	

Individual capability – does the job?

Require unusual capability	Yes	If yes, please provide details
	No	
Pose a risk to those with a health problem or a physical or learning difficulty?	Yes	If yes, please provide details
	No	
Pose a risk to those who are pregnant?	Yes	If yes, please provide details
	No	
Call for special information / training?	Yes	If yes, please provide details
	No	

Protective clothing

Is movement or posture hindered by clothing or personal protective equipment (PPE)?	Yes	If yes, please provide details
	No	
Is there an absence of the correct/suitable PPE being worn?	Yes	If yes, please provide details
	No	

Work organisation (psychosocial factors)

Do workers feel that there has been a lack of consideration given to the planning and scheduling of tasks/rest breaks?	Yes	If yes, please provide details
	No	

Do workers feel that there is poor communication between managers and employees (not involved in risk assessments or decisions on changes in workstation design)?	Yes	If yes, please provide details
	No	
Are there sudden changes in workload, or seasonal changes in volume without mechanisms for dealing with the change?	Yes	If yes, please provide details
	No	
Do workers feel they have not been given enough training and information to carry out the task successfully?	Yes	If yes, please provide details
	No	

Manual handling assessment carried out by

Name

Job Title

Signature

Date

**Details of
Additional
Team Members**