Manual Handling Assessment Form

SCHOOL/DEPARTMENT................................................................

|  |
| --- |
| Operations covered by this assessment : |
| Locations involved : |
| Personnel involved (job-type & numbers) :  |
| Assessor : (name) (signature)  |
| Date of assessment : |

\* circle as appropriate

Section A - PRELIMINARY

1. Do the operations involve a significant risk of injury? Yes / No \*

If Yes, go to 2. If No, the assessment need go no further

1. Can the operations be avoided / mechanised / automated at reasonable cost? Yes / No \*

If No, go to 3. If Yes, proceed and then check the result is satisfactory.

1. Are the operations clearly within the load [guidelines](http://www.hse.gov.uk/pubns/indg143.pdf)? Yes / No \*

 (NB see pages 10 and 11 of this HSE document INDG143)?

If No, go to Section B. If Yes, you may go straight to Section C if you wish.

Section B - MORE DETAILED ASSESSMENT - see attached form.

Section C - OVERALL ASSESSMENT OF RISK

What is your overall assessment of the risk of injury? : Insignificant / Low / Medium / High \*

If not Insignificant, go to Section D. If Insignificant, the assessment need go no further.

Section D - REMEDIAL ACTION

|  |  |  |  |
| --- | --- | --- | --- |
| Remedial steps to be taken : | Who is to take action? | Target date for completion | Date action completed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Compare the results of this assessment with other school manual handling assessments to decide on overall priorities for action.

Reassess by (date): ...............................................

Assessment endorsed by:

(Signature).....................................(Name).................................(Date).............

 Head of School/SSO/Manager

Section B - More detailed assessment

|  |  |  |
| --- | --- | --- |
| Questions to consider (If the answer to a question is Yes, tick against it and then consider the level of risk \* | Level of risk \*Tick as appropriate | Assessor’s comments, notes & possible recommendations  |
|  | Yes | Low | Med. | High |  |
| The TASKS - do they involve: |  |  |  |  |  |
| - holding loads away from trunk? |  |  |  |  |
| - twisting? |  |  |  |  |
| - stooping? |  |  |  |  |
| - reaching upwards? |  |  |  |  |
| - large vertical movement? |  |  |  |  |
| - long carrying distances? |  |  |  |  |
| - strenuous pushing or pulling? |  |  |  |  |
| - unpredictable movement of loads? |  |  |  |  |
| - repetitive handling? |  |  |  |  |
| - insufficient rest or recovery? |  |  |  |  |
| - a workrate imposed by a process? |  |  |  |  |
| The LOADS - are they: |  |  |  |  |
| - heavy? |  |  |  |  |
| - bulky/unwieldy? |  |  |  |  |
| - difficult to grasp? |  |  |  |  |
| - unstable/unpredictable? |  |  |  |  |
| - intrinsically harmful (eg sharp, hot)? |  |  |  |  |
| Working ENVIRONMENT - are there: |  |  |  |  |
| - constraints on posture? |  |  |  |  |
| - poor floors? |  |  |  |  |
| - variations in levels? |  |  |  |  |
| - hot/cold/humid conditions? |  |  |  |  |
| - strong air movements? |  |  |  |  |
| - poor lighting conditions? |  |  |  |  |
| INDIVIDUAL capacity - does the job: |  |  |  |  |
| - require unusual strength? |  |  |  |  |
| - hazard those with a health problem? |  |  |  |  |
| - hazard those who are pregnant? |  |  |  |  |
| - call for special information / training? |  |  |  |  |
| Other factors: |  |  |  |  |
| - Is movement or posture hindered by clothing or personal protective equipment? |  |  |  |  |
| \* Level of risk : Deciding the level of risk will inevitably call for judgement. Consider the severity of the potential injury, the frequency of the operation and the number of persons involved. Refer also to the guidelines on pages 4 - 7 of University Safety Office Circular 9/93B.When you have completed Section B, go to Section C on the first page of the assessment form.  |