



## **Manual Handling Operations - Risk Assessment**

Operation covered by this assessment	
Location / Area	
Staff involved	
Frequency of the operation	
Brief Description of Task	

## Guidance notes:

- a) Consider any risks of injury or ill health to persons conducting this handling operation.
- b) Consider whether this operation could be eliminated or if equipment could assist with the handling involved.
- c) Consider any other steps that could reduce the risk e.g., smaller loads, two persons lifting together.

## **Break Down of Assessment**

The Trick does it involve?	Vac	Nie	Commonts
The Task – does it involve?	Yes	No	Comments
Holding loads away from the body			
Twisting		Ó	
Stooping			
Reaching upwards			
Large vertical movements			
Long carrying distances (>10m)			
Strenuous pushing or pulling			
Unpredictable movement of load			
Repetitive handling			
Insufficient rest or recovery			
A work rate imposed by the process			
The Load – is it?	Yes	No	Comments
Heavy			
Bulky / unwieldy			

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Difficult to grasp			
Unstable / unpredictable			
Intrinsically harmful e.g. sharp or hot			
The Work Environment – are there?	Yes	No	Comments
Constraints on posture			
Poor floors			
Variations in level			
Hot, cold, humid conditions			XO
Strong air movement			
Poor lighting conditions			O_
Individual capability - does the job?	Yes	No	Comments
Require unusual capability			
Hazard those with a health problem		1	
Hazard those who are pregnant			
Call for special information / training			
Other factors	Yes	No	Comments
Is movement or posture hindered			
by clothing or personal protective			
equipment?			

Risk assessment matrix (please circle the applicable risk level)					
Severity Probability	Death/major injury (4)	Serious injury/damage (3)	Over 3 day injury, loss, damage (2)	Minor injury/no loss/damage (1)	
Very probable (4)	16	12	8	4	
Probable (3)	12	9	6	3	
Possible (2)	8	6	4	2	
Slight (1)	4	3	2	1	

Risk rating =	

Are existing control measures adequate?	Yes		No		Further action to be taken as detailed below.
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## **Risk level actions:**

- 1-2 = Low risk reduce risk further if possibly, monitor and review periodically.
- 3-8 = Medium Risk take action to reduce, close monitoring and review within 2-6 months.
- **9-16 = High Risk** take immediate action to reduce, stop if possibly, strict monitoring and review within 14 days. Inform senior management and safety representative / committee (where applicable.)

**Corrective Actions (Where required)** 

Corrective Actions (when		1	T
Action Required	By which person?	By which date/timescale?	Completion Signature
			$\delta_{x}$
		Q	
	113		
		1	1

Assessor's name & job title					
Signature	Assessment date				
Telephone number	Assessment review date				

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