

Manual Handling Risk Assessment

1. Assessment Details

Manual handling operation:	Assessment by:	Site:
	Position:	Assessment date:
	Assessment ref:	Review date:

2. Persons Exposed

(X as applicable)

<input type="checkbox"/> Office staff	<input type="checkbox"/> Cleaners	<input type="checkbox"/> Visitors
<input type="checkbox"/> Factory staff	<input type="checkbox"/> Maintenance staff	<input type="checkbox"/> General public
<input type="checkbox"/> Warehouse staff	<input type="checkbox"/> Contractors	<input type="checkbox"/> Other specify: <input type="text"/>

3. The Loads

(X as applicable)

Are loads:

<input type="checkbox"/> Heavy	<input type="checkbox"/> Unstable or unpredictable?	<input type="checkbox"/> Intrinsically harmful (e.g. sharp or hot?)
<input type="checkbox"/> Bulky or unwieldy?	<input type="checkbox"/> Awkwardly stacked?	<input type="checkbox"/> Too large to see over?
<input type="checkbox"/> Difficult to grasp?	<input type="checkbox"/> Other (specify below)	

Comments:

4. Individual Capability

(X as applicable)

Does the job:

<input type="checkbox"/> Require unusual capability?	<input type="checkbox"/> Put those with a health problem at risk?	<input type="checkbox"/> Put those who are pregnant at risk?
<input type="checkbox"/> Call for special information or training?	<input type="checkbox"/> Generate complaints of injuries?	<input type="checkbox"/> Other (specify below)

Comments:

5. The Tasks

(X as applicable)

Do tasks involve:

<input type="checkbox"/> Holding loads away from trunk?	<input type="checkbox"/> Twisting?	<input type="checkbox"/> Stooping?
<input type="checkbox"/> Reaching upwards?	<input type="checkbox"/> Large vertical movements?	<input type="checkbox"/> Long carrying distances?
<input type="checkbox"/> Strenuous pushing or pulling?	<input type="checkbox"/> Unpredictable movement of loads?	<input type="checkbox"/> Repetitive handling?
<input type="checkbox"/> Insufficient rest or recovery?	<input type="checkbox"/> A work rate imposed by a process?	<input type="checkbox"/> Passing through doors?
<input type="checkbox"/> Travelling along stairs?	<input type="checkbox"/> Holding loads whilst seated	<input type="checkbox"/> Other

Comments:

6. Working Environment

(X as applicable)

Are there:

<input type="checkbox"/> Constraints on posture?	<input type="checkbox"/> Poor floors?	<input type="checkbox"/> Variations in levels?
<input type="checkbox"/> Hot, cold or humid conditions?	<input type="checkbox"/> Strong air movements?	<input type="checkbox"/> Poor lighting conditions?
<input type="checkbox"/> Other (specify below)		

Comments:

7. Control Measures

(X as applicable)

<input type="checkbox"/> Manual handling minimised	<input type="checkbox"/> Manual handling training provided	<input type="checkbox"/> Rest points provided
<input type="checkbox"/> Manual handling distances minimised	<input type="checkbox"/> Medical checks completed	<input type="checkbox"/> Heavy items stored at accessible height
<input type="checkbox"/> Lifting equipment/aids provided	<input type="checkbox"/> Restrictions for designated individuals	<input type="checkbox"/> Means provided to hold doors open
<input type="checkbox"/> Passenger/goods lifts provided	<input type="checkbox"/> Suitable work space provided	<input type="checkbox"/> Waist high work levels provided
<input type="checkbox"/> Maximum MH weight rules established	<input type="checkbox"/> Walkways/stairs free from obstruction	<input type="checkbox"/> Good lighting to relevant areas
<input type="checkbox"/> Weight specified on loads	<input type="checkbox"/> Changes in floor level highlighted	<input type="checkbox"/> Two person lifts procedures in place
<input type="checkbox"/> Floors/surfaces in good condition	<input type="checkbox"/> Other (specify below)	

Comments:

8. Risk Rating

(X as applicable)

Severity	Likelihood	Risk Rating (Severity x Likelihood)	Score
<input type="checkbox"/> 4 = Catastrophic	<input type="checkbox"/> 4 = Almost certain	<input type="checkbox"/> 12 to 16 VERY HIGH	<input type="text"/>
<input type="checkbox"/> 3 = Serious	<input type="checkbox"/> 3 = Likely	<input type="checkbox"/> 8 to 11 HIGH	
<input type="checkbox"/> 2 = Moderate	<input type="checkbox"/> 2 = Possible	<input type="checkbox"/> 4 to 7 MEDIUM	
<input type="checkbox"/> 1 = Minor	<input type="checkbox"/> 1 = Very remote	<input type="checkbox"/> 1 to 3 LOW	

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