

# Manual Handling Risk Assessment

Assess load, environment and individual capability before tasks begin. Identify risks early and put the right controls in place.

Title: \_\_\_\_\_

Severity: \_\_\_\_\_ Site: \_\_\_\_\_

Date / Time: \_\_\_\_\_ Completed by: \_\_\_\_\_

## Task Information

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1 Task name or description \*

\_\_\_\_\_

2 Location of task \*

\_\_\_\_\_

Address or coordinates

3 Date of assessment \*

\_\_\_\_\_

4 Department or area

\_\_\_\_\_

5 How often is this task performed?

Rarely (less than once per week)

Occasionally (1-2 times per week)

Frequently (daily)

Continuously (multiple times per day)

## Load Characteristics

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6 What is being lifted or moved?

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7 Approximate weight (kg)

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8 Is the load heavy?

Yes

No

N/A

9 Is the load bulky or difficult to grasp?

Yes

No

N/A

10 Is the load unstable or unpredictable?

Yes

No

N/A

11 Does the load have sharp edges or is it hot/cold?

Yes

No

N/A

12 Is the load contents likely to shift?

Yes

No

N/A

13 Additional notes about the load

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## The Task

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14 Does the task involve holding the load away from the body?

Yes

No

N/A

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15 Does the task involve twisting the body?

Yes

No

N/A

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16 Does the task involve bending or stooping?

Yes

No

N/A

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17 Does the task involve reaching above shoulder height?

Yes

No

N/A

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18 Does the task involve lifting from floor level?

Yes

No

N/A

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19 Does the task involve carrying over long distances?

Yes

No

N/A

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20 Does the task involve pushing or pulling?

Yes

No

N/A

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21 Does the task involve repetitive handling?

Yes

No

N/A

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22 Does the task require precise positioning of the load?

Yes

No

N/A

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23 Is there insufficient rest or recovery time?

Yes

No

N/A

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24 Description of manual handling technique required

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## Working Environment

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25 Is there adequate space to perform the task safely?

Yes

No

N/A

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26 Are there any constraints on posture?

Yes

No

N/A

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27 Are floor surfaces uneven, slippery or unstable?

Yes

No

N/A

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28 Are there changes in floor level (steps, slopes)?

Yes

No

N/A

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29 Is lighting adequate?

Yes

No

N/A

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30 Is the temperature suitable (not too hot or cold)?

Yes

No

N/A

---

31 Are there any obstructions in the work area?

Yes

No

N/A

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32 Is outdoor work affected by weather conditions?

Yes

No

N/A

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33 Notes on working environment

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34 Photos of work area

*Attach file here*

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## Individual Capability

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35 Does the task require unusual strength or height?

Yes

No

N/A

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36 Could the task pose a risk to pregnant workers?

Yes

No

N/A

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37 Could the task pose a risk to workers with health conditions?

Yes

No

N/A

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38 Is specific training required?

Yes

No

N/A

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39 Training requirements

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## Risk Evaluation

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40 Overall risk level \*

Low

Medium

High

Very High

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41 Justification for risk level

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## Control Measures

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42 Can the task be avoided or automated?

Yes

No

N/A

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43 Can mechanical aids be used?

Yes

No

N/A

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44 Mechanical aids available

*Select all that apply*

Trolley

Pallet truck

Hoist

Conveyor

Forklift

Other

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45 Can the load be made lighter or easier to handle?

Yes

No

N/A

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46 Can the task be redesigned to reduce risk?

Yes

No

N/A

---

47 Is team lifting required?

Yes

No

N/A

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48 Number of people required for safe handling

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49 Is PPE required?

Yes

No

N/A

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50 PPE requirements

*Select all that apply*

Safety gloves

Safety footwear

Back support belt

Other

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51 Detailed control measures

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52 Residual risk level after controls

Low

Medium

High

## Further Actions

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53 Are further actions required?

Yes

No

N/A

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54 Details of further actions

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55 Person responsible

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56 Target completion date

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## Sign-off

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57 Assessment completed by \*

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58 Job title

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59 Signature \*

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Signature

60 Review date

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61 Manager approval name

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62 Manager signature

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Signature

63 Additional comments

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