**Manual Handling Assessment Checklist**

**Section A - Preliminary**

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| --- | --- |
| **Task Description** |  |
| **Factors beyond the limits of the guidelines** |  |
| **Is an assessment needed?**  (i.e. is there a potential risk for injury, and are there factors beyond the limits of the guidelines?) | **YES / NO** |

**If “Yes”, continue. If “No”, the assessment need go no further**

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| --- | --- |
| **Operations covered by this assessment (detailed description)** |  |
| **Locations** |  |
| **Personnel involved** |  |
| **Date of assessment** |  |
| **Diagrams (other information including existing control measures)** |  |

**Section B – Lifting & Carrying - more detailed assessment where necessary**

| **Questions to consider:** | If yes, tick appropriate level of risk | | | | **Problems occurring from the task** (Make rough notes in this column in preparation for the possible remedial action to be taken) | **Possible remedial action** (e.g. changes that need to be made to the task, load, working environment etc. Who needs to be involved in implementing the changes) |
| --- | --- | --- | --- | --- | --- | --- |
| **Low** | **Med** | **High** | **N/A** |
| **Tasks – do they involve:** |  |  |  |  |  |  |
| **Holding loads away from the torso** |  |  |  |  |  |  |
| **Twisting** |  |  |  |  |  |  |
| **Stooping** |  |  |  |  |  |  |
| **Reaching upwards** |  |  |  |  |  |  |
| **Large vertical movement** |  |  |  |  |  |  |
| **Long carrying distances** |  |  |  |  |  |  |
| **Strenuous pushing or pulling** |  |  |  |  |  |  |
| **Unpredictable movement of loads** |  |  |  |  |  |  |
| **Frequent or prolonged physical effort** |  |  |  |  |  |  |
| **Insufficient rest or recovery** |  |  |  |  |  |  |
| **A work rate imposed by a process** |  |  |  |  |  |  |
| **Loads – are they:** |  |  |  |  |  |  |
| **Heavy** |  |  |  |  |  |  |
| **Bulky/unwieldy** |  |  |  |  |  |  |
| **Difficult to grasp** |  |  |  |  |  |  |
| **Unstable/unpredictable** |  |  |  |  |  |  |
| **Intrinsically harmful (e.g. 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 Capability – does the job:** |  |  |  |  |  |  |
| **Require unusual capability** |  |  |  |  |  |  |
| **Pose a hazard for those with a health problem** |  |  |  |  |  |  |
| **Pose a hazard for those who are pregnant** |  |  |  |  |  |  |
| **Pose a risk to new workers/young people** |  |  |  |  |  |  |
| **Call for special information/training** |  |  |  |  |  |  |

|  | **Yes** | **No** |  |  |
| --- | --- | --- | --- | --- |
| **Other Factors** |  |  |  |  |
| **Is movement or posture hindered by clothing or personal protective equipment** |  |  |  |  |
| **Is there an absence of the correct/suitable PPE being worn** |  |  |  |  |
| **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** |  |  |  |  |
| **Do workers feel that there is poor communication between managers and employees (e.g. not involved in risk assessments or decisions on changes in workstation design)** |  |  |  |  |
| **Are there sudden changes in workload, or sessional changes in volume without mechanisms for dealing with the change?** |  |  |  |  |
| **Do workers feel they have not been given enough training and information to carry out the task successfully** |  |  |  |  |

**Section C - Overall assessment of the risk of injury (after completing Section B)**

|  |  |
| --- | --- |
| **Low** |  |
| **Medium** |  |
| **High** |  |

**Section D – Remedial action to be taken**

|  |  |  |  |
| --- | --- | --- | --- |
| **Remedial steps that should be taken, in order of priority** | **Person responsible for implementing controls** | **Target implementation date** | **Completed**  **Y/N** |
|  |  |  |  |
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**Take action ….. and check that it has the desired effect**

**Section E – Signature & Review**

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| --- | --- |
| **Assessor’s Name** |  |
| **Assessor’s Signature** |  |
| **Date** |  |
| **Date for review of assessment** |  |