**University Occupational Health and Safety Form**

MANUAL HANDLING ASSESSMENT FOR LIFTING AND CARRYING

**Section A – Preliminary assessment**

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| --- |
| **Task Name:** |
| **Brief Task Description:** |
| **Operations covered by this assessment (detailed description):** |
| Does the operator(s) have adequate manual handling training to perform this task? | *Provide details of training here.*  | Has the assessment been discussed with employees who will perform this task? |  |
| Load weight: |   |
| Frequency of lift: |  |
| Carry distance: |  |
| Locations: |
| Diagrams (and other information including existing control measures): |

**Section B – Detailed manual handling assessment for lifting and carrying**

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|  | **If Yes, tick appropriate level of risk** | **Problems occurring from the task** | **Possible remedial action** (e.g. changes that need to be made to the task, load, working environment etc. What needs to be involved in implementing these changes?) |
|  | **Y / N** | **Low**  | **Med** | **High** |  |  |
| **Do the tasks involve:** |
| Holding loads away from the trunk? |  |[ ] [ ] [ ]   |  |
| Twisting? |  |[ ] [ ] [ ]   |  |
| Stooping? |  |[ ] [ ] [ ]   |  |
| Reaching upwards? |  |[ ] [ ] [ ]   |  |
| Large vertical movement? |  |[ ] [ ] [ ]   |  |
| Long carrying distances? |  |[ ] [ ] [ ]   |  |
| Strenuous pushing/pulling? |  |[ ] [ ] [ ]   |  |
| Unpredictable movement of loads? |  |[ ] [ ] [ ]   |  |
| Repetitive handling? |  |[ ] [ ] [ ]   |  |
| Insufficient rest or recovery? |  |[ ] [ ] [ ]   |  |
| A work rate imposed by a process? |  |[ ] [ ] [ ]   |  |
| **Are the loads:** |
| Heavy? |  |[ ] [ ] [ ]   |  |
| Bulky/unwieldy? |  |[ ] [ ] [ ]   |  |
| Difficult to grasp? |  |[ ] [ ] [ ]   |  |

**Section B (cont.) – Detailed manual handling assessment for lifting and carrying**

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|  | **If Yes, tick appropriate level of risk** | **Problems occurring from the task** | **Possible remedial action** (e.g. changes that need to be made to the task, load, working environment etc. What needs to be involved in implementing these changes?) |
|  | **Y / N** | **Low**  | **Med** | **High** |  |  |
| Unstable/unpredictable? |  |[ ] [ ] [ ]   |  |
| Intrinsically harmful (e.g. hot/cold)? |  |[ ] [ ] [ ]   |  |
| **Consider the working environment, are there:** |
| Constraints on body posture/positioning? |  |[ ] [ ] [ ]   |  |
| Poor floors? |  |[ ] [ ] [ ]   |  |
| Variation in levels? |  |[ ] [ ] [ ]   |  |
| Hot/cold/humid conditions? |  |[ ] [ ] [ ]   |  |
| Strong air movements? |  |[ ] [ ] [ ]   |  |
| Poor lighting conditions? |  |[ ] [ ] [ ]   |  |
| **Consider individual capability, does the job:** |
| Require unusual capability? |  |[ ] [ ] [ ]   |  |
| Pose a risk to those with a health problem or disability? |  |[ ] [ ] [ ]   |  |
| Pose a risk to those who are pregnant? |  |[ ] [ ] [ ]   |  |
| Require special information/training? |  |[ ] [ ] [ ]   |  |

**Section B (cont.) – Detailed manual handling assessment for lifting and carrying**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **YES** | **NO** | **Problems occurring from the task** | **Possible remedial action** (e.g. changes that need to be made to the task, load, working environment etc. What needs to be involved in these changes?) |
| **Consider equipment:** |
| Is movement or posture hindered by clothing or PPE? |[ ] [ ]   |  |
| Is there absence of correct/suitable PPE? |[ ] [ ]   |  |
| **Work organisation (psychosocial factors):** |
| Do the 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 are any ways to improve communication between managers and employees? |[ ] [ ]   |  |
| Are there sudden changes in workload, or seasonal changes in volume without mechanisms for dealing with the change? |[ ] [ ]   |  |
| Do workers feel that they have been given enough training and information to carry out the task successfully? |[ ] [ ]   |  |

**Once the assessment is completed make an overall assessment of the risk of injury and categorise as below (tick as appropriate)**

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| **LOW** [ ] Although low risk, consider vulnerable Groups (eg. young or pregnant workers) | **MEDIUM** [ ] Examine the tasks closely. | **HIGH** [ ] Prompt action needed. |

**Section C – Remedial actions to be taken**

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| --- | --- | --- | --- |
| **Remedial steps that should be taken (priority order), continue overleaf if necessary)**  | **Person(s) responsible for implementing controls** | **Target implementation date** | **Date and signature on completion** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |

**Section D – Acknowledgement of completion of remedial actions**

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| **Date by which all actions to be completed** |  |
| **Date for review of assessment** |  |
| **Assessor’s name** |  |
| **Signature** |  |

**Section D – acknowledgment of understanding**

All individuals working to this manual handling risk assessment must sign and date this section to acknowledge that they have read and are aware of its contents, plus the measures that they need to take whilst carrying out the task to safeguard their health and safety and that of others.

If, following the review of the assessment revisions are minor, signatories may initial these to indicate that they are aware of the changes. If the revision is major, it is advisable to produce a new manual handling risk assessment and signature page.

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| **NAME (Print)**  | **SIGNATURE** | **DATE** |
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