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**University Occupational Health and Safety Form**

MANUAL HANDLING ASSESSMENT FOR PUSHING AND PULLING

**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 push/pull: |  |
| Carry distance: |  |
| Locations: |
| Diagrams (and other information including existing control measures): |

**Section B – Detailed manual handling assessment for pushing and pulling**

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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 these changes?) |
|  | **Y / N** | **Low**  | **Med** | **High** |  |  |
| **Do the tasks involve:** |
| High initial force to get the load moving? |  |[ ] [ ] [ ]   |  |
| High force to keep the load moving? |  |[ ] [ ] [ ]   |  |
| Sudden movements to start/stop/manoeuvre? |  |[ ] [ ] [ ]   |  |
| Twisting? |  |[ ] [ ] [ ]   |  |
| One handed operations? |  |[ ] [ ] [ ]   |  |
| Hands positioned below waist/above shoulder height? |  |[ ] [ ] [ ]   |  |
| Movement at high speed? |  |[ ] [ ] [ ]   |  |
| Movement over long distances? |  |[ ] [ ] [ ]   |  |
| Repetitive pushing/pulling? |  |[ ] [ ] [ ]   |  |
| **The load or object to be moved:** |
| Does it lack good handholds? |  |[ ] [ ] [ ]   |  |
| Is it unstable or unpredictable? |  |[ ] [ ] [ ]   |  |
| Is vision over/around restricted? |  |[ ] [ ] [ ]   |  |

**Section B cont. – Detailed manual handling assessment for pushing and pulling**

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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 these changes?) |
|  | **Y / N** | **Low**  | **Med** | **High** |  |  |
| **If on wheels/castors, are they:** |
| Unsuitable for the type of load? |  |[ ] [ ] [ ]   |  |
| Unsuitable for the floor surface/work environment? |  |[ ] [ ] [ ]   |  |
| Difficult to steer? |  |[ ] [ ] [ ]   |  |
| Easily damaged or defective? |  |[ ] [ ] [ ]   |  |
| Without brakes or difficult to stop? |  |[ ] [ ] [ ]   |  |
| With brakes, but breaks are poor/ineffective? |  |[ ] [ ] [ ]   |  |
| Without a planned inspection/maintenance? |  |[ ] [ ] [ ]   |  |
| **Consider the working environment, are there:** |
| Constraints on body posture/positioning? |  |[ ] [ ] [ ]   |  |
| Confined spaces/narrow doorways? |  |[ ] [ ] [ ]   |  |
| Surfaces/edges that may cause injury? |  |[ ] [ ] [ ]   |  |
| Rutted/damaged/slippery floors? |  |[ ] [ ] [ ]   |  |
| Ramps/slopes/uneven surfaces? |  |[ ] [ ] [ ]   |  |
| Trapping/tripping hazards? |  |[ ] [ ] [ ]   |  |

**Section B cont. – Detailed manual handling assessment for pushing and pulling**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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 these changes?) |
|  | **Y / N** | **Low**  | **Med** | **High** |  |  |
| Poor lighting conditions? |  |[ ] [ ] [ ]   |  |
| Hot/cold/humid conditions? |  |[ ] [ ] [ ]   |  |
| Strong air movements? |  |[ ] [ ] [ ]   |  |
| **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? |  |[ ] [ ] [ ]   |  |
| **Consider equipment:** |
| Is movement or posture hindered by clothing or PPE? | **Y** [ ]  | **N** [ ]  |  |  |
| Is there absence of correct/suitable PPE? | **Y** [ ]  | **N** [ ]  |  |  |
| Are manual handling aids/floor surfaces poorly maintained/cleaned/repaired? | **Y** [ ]  | **N** [ ]  |  |  |
| **Work organisation (psychosocial factors):** |
| Do workers feel that there is poor communication between users of equipment? | **Y** [ ]  | **N** [ ]  |  |  |

**Section B cont. – Detailed manual handling assessment for pushing and pulling**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **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?) |
| Do workers feel that there has been a lack of consideration given to the planning and scheduling of tasks/rest breaks? | **Y** [ ]  | **N** [ ]  |  |  |
| Are there sudden changes in workload, or seasonal changes in volume without mechanisms for dealing with the changes? | **Y** [ ]  | **N** [ ]  |  |  |
| Do workers feel they have been given enough training and information to carry out the task successfully? | **Y** [ ]  | **N** [ ]  |  |  |

**Once the assessment is complete 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)** | **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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