Manual Handling – Detailed Assessment

Activity:			If 'Yes', tick level of risk below			Comments box - make notes here relating to any aspect of the assessment being carried out
Questions to consider			**L**	**M**	**H**	
The Task – does it involve:	**Y**	**N**				
• holding loads away from trunk?						
• twisting or stooping?						
• reaching upwards?						
• large vertical movement?						
• long carrying distances?						
• strenuous pushing or pulling?						
• unpredictable movement of loads?						
• repetitive handling?						
• insufficient rest or recovery?						
• a work rate imposed by a process?						
The Loads – are they:						
• heavy?						
• bulky/unwieldy?						
• difficult to grasp?						
• unstable/unpredictable?						
• intrinsically harmful (eg sharp/hot)?						
The 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 to those with health problems?						
• pose a hazard to those who are pregnant?						
• call for special info or training?						
Other Factors:						
Is movement or posture hindered by clothing or personal protective equipment?						

Actions Required to Reduce Risk

Action Required	Action By	Target Date