

## MANUAL HANDLING Risk Assessment

<b>Location:</b>	
<b>Task:</b>	
<b>Operative:</b>	
<b>Assessor:</b>	<b>Date:</b>

Activities	Yes/No (Comment)	Level Of Risk (Low/Med/High)	Action (Yes/No)
Does the task involve;			
Holding loads away from the trunk?			
Twisting?			
Stooping?			
Reaching upwards?			
Long carrying distances?			
Strenuous pushing and pulling?			
Repetitive handling?			
Insufficient rest or recovery?			
Loads handled, are they;			
Heavy?			
Bulky/unwieldy?			
Unstable/unpredictable?			
Intrinsically harmful?			
Working environment, are there;			
Constraints on posture?			
Uneven floor surfaces or obstacles?			
Variations in levels?			
Extreme temperature conditions?			
Poor lighting or visibility?			
Is the operative;			
Physically suited to the task?			
Adequately trained to undertake the task?			
Hindered by personal protective equipment or clothing?			

**Overall Risk Level Rating:** Low/Med/High

**Additional Comments:**

<b>Action Points:</b>	<b>Implementation by:</b>	<b>Completed:</b>
<b>Reassessment Date:</b>	<b>Assessor's Signature:</b>	