**Manual Handling Female Employee Risk Assessment Report (MHRA)**

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| Employee Name: |  | MHRA Report No: |  |
| Work Description: |  | Date Document Downloaded: |  |
| Department/Location: |  | Date of Assessment: |  |
| Assessment Carried out by: |  | Duty Holder Name: |  |

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| MHRA Ref: |  | Yes/No | Level of Risk | Comments | Action Required |
| 1. **TRAINING** | | | | | |
| 1.1 | Has Manual Handling Training been provided? | Yes  No | N/A |  |  |
| 1.2 | If Yes, has the Manual Handling Training Schedule been signed? | Yes  No  N/A | N/A |  |  |
| 1. **WEIGHT** | | | | | |
| 2.1 | Is more than 3 kg involved and handled from a seating position? | Yes  No  N/A | High  Medium  Low |  |  |
| 2.2 | Is more than 10 kg involved and handled in a working posture other than seated? | Yes  No  N/A | High  Medium  Low |  |  |
| 2.3 | Are weights of more than 16 kg involved? | Yes  No  N/A | High  Medium  Low |  |  |
| 1. **FORCES** | | | | | |
| 3.1 | Are large pushing and/or pulling forces involved? | Yes  No  N/A | High  Medium  Low |  |  |
| 3.2 | Is the load difficult to handle (e.g. size/ shape/ temperature etc.)? | Yes  No  N/A | High  Medium  Low |  |  |
| 3.3 | Is it difficult or unsafe to get adequate grip of the load? | Yes  No  N/A | High  Medium  Low |  |  |
| 1. **DURING MANUAL HANDLING** | | | | | |
| 4.1 | Is there frequent or prolonged bending of the body? | Yes  No  N/A | High  Medium  Low |  |  |
| 4.2 | Is there frequent or prolonged reaching above the shoulder? | Yes  No  N/A | High  Medium  Low |  |  |
| 4.3 | Is there frequent or prolonged bending due to reaching forward? | Yes  No  N/A | High  Medium  Low |  |  |
| 4.4 | Is there frequent or prolonged twisting of the back? | Yes  No  N/A | High  Medium  Low |  |  |
| 4.5 | Is the task performed in a confined space? | Yes  No  N/A | High  Medium  Low |  |  |
| 4.6 | Is the lighting inadequate for safe manual handling? | Yes  No  N/A | High  Medium  Low |  |  |
| 4.7 | Is the climate particularly cold or hot? | Yes  No  N/A | High  Medium  Low |  |  |
| 4.8 | Is it windy? | Yes  No  N/A | High  Medium  Low |  |  |
| 4.9 | Are the floor working surfaces uneven, slippery or otherwise unsafe? | Yes  No  N/A | High  Medium  Low |  |  |
| 4.10 | Are awkward postures assumed often or over prolonged periods? | Yes  No  N/A | High  Medium  Low |  |  |