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| **Assessment Number:** | | |  | | | | **Location:** | | |  | | **Date:** | | | |  |
| **Process/Activity:** | | |  | | | | | | | | | | | | | |
| **Today’s Personnel:** | | |  | | | | **Assessor:** | | | | |  | | | | |
|  | | | | | | | |  | | | | | | | | |
| **T** | **Section 1: Do the Tasks Involve:** | | | | **Y** | **N** | **N/A** | | | **Level of risk** | | | **Comment / Control measures** | | | |
| **L** | **M** | **H** |  | | | |
| Holding loads away from the body? | | | | |  |  |  | | |  |  |  |  | | | |
| Twisting? | | | | |  |  |  | | |  |  |  |  | | | |
| Stooping? | | | | |  |  |  | | |  |  |  |  | | | |
| Reaching upwards? | | | | |  |  |  | | |  |  |  |  | | | |
| Long carrying distances? | | | | |  |  |  | | |  |  |  |  | | | |
| Strenuous pulling or pushing? | | | | |  |  |  | | |  | | | | | | |
| Unpredictable movement of loads? | | | | |  |  |  | | |  | | | | | | |
| Repetitive handling? | | | | |  |  |  | | |  | | | | | | |
| A work rate imposed by process? | | | | |  |  |  | | |  | | | | | | |
| Team Handling? | | | | |  |  |  | | |  | | | | | | |
| **I** | **Section 2: Individual factors – Is the Individual:** | | | | **Yes** | **No** | **N/A** | | | **Comments / Control measures** | | | | | | |
| Physically able to carry out the task? | | | | |  |  |  | | |  | | | | | | |
| Has operator [s] received Manual Handling Training? | | | | |  |  |  | | |  | | | | | | |
| Unable to carry out the task due to ill health? | | | | |  |  |  | | |  | | | | | | |
| Pregnant? | | | | |  |  |  | | |  | | | | | | |
| **L** | **Section 3: The Loads Are They:** | | | | **Yes** | **No** | **N/A** | | | **Comments / Control measures** | | | | | | |
| Heavy/ Bulky/Unwieldy? | | | | |  |  |  | | |  | | | | | | |
| Difficult to hold? | | | | |  |  |  | | |  | | | | | | |
| Unstable/Unpredictable? | | | | |  |  |  | | |  | | | | | | |
| Intrinsically Harmful? [e.g. Sharp or Hot] | | | | |  |  |  | | |  | | | | | | |
| **E** | **Section 4: The Environment - Are There:** | | | | **Yes** | **No** | **N/A** | | | **Comments / Control measures** | | | | | | |
| Constraints on posture? [e.g. Low Ceilings] | | | | |  |  |  | | |  | | | | | | |
| Poor quality floors? | | | | |  |  |  | | |  | | | | | | |
| Variations in levels? | | | | |  |  |  | | |  | | | | | | |
| Hot, cold or humid conditions? | | | | |  |  |  | | |  | | | | | | |
| Strong air movements? | | | | |  |  |  | | |  | | | | | | |
| Poor lighting conditions? | | | | |  |  |  | | |  | | | | | | |
| Hazardous chemicals? | | | | |  |  |  | | |  | | | | | | |
| **O** | **Section 5: Other factors:** | | | | **Yes** | **No** | **N/A** | | | **Comments / Control measures** | | | | | | |
| Does clothing hinder movement? | | | | |  |  |  | | |  | | | | | | |
| Does PPE hinder movement? | | | | |  |  |  | | |  | | | | | | |
| Are Mechanical devices available for handling? | | | | |  |  |  | | |  | | | | | | |
| Is special training required? | | | | |  |  |  | | |  | | | | | | |
| General Comments | | | | | | | | | | | | | | | | |
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| **Assessor** | | | Signature | | | | | | | | | | Date | Next Assessment | | |
|  | | |  | | | | | | | | | |  |  | | |