

FORM	
MANUAL HANDLING ASSESSMENT	

Administration				
Assessment Ref:		ORA Reference:		
Task Description:				
Assessment				
1) Preliminary	Yes	No	Comments	
Can the operation be avoided	<input type="checkbox"/>	<input type="checkbox"/>		
Can the operation be mechanized or automated at reasonable cost?	<input type="checkbox"/>	<input type="checkbox"/>		
2) Does the Task involve:	Yes	No	Comments	
Holding loads away from the trunk?	<input type="checkbox"/>	<input type="checkbox"/>		
Twisting?	<input type="checkbox"/>	<input type="checkbox"/>		
Stooping?	<input type="checkbox"/>	<input type="checkbox"/>		
Reaching upwards?	<input type="checkbox"/>	<input type="checkbox"/>		
Large vertical movement?	<input type="checkbox"/>	<input type="checkbox"/>		
Long carrying distances?	<input type="checkbox"/>	<input type="checkbox"/>		
Strenuous pushing or pulling?	<input type="checkbox"/>	<input type="checkbox"/>		
Unpredictable movement of load?	<input type="checkbox"/>	<input type="checkbox"/>		
Repetitive handling?	<input type="checkbox"/>	<input type="checkbox"/>		
Insufficient rest or recovery?	<input type="checkbox"/>	<input type="checkbox"/>		
A work rate imposed by the process?	<input type="checkbox"/>	<input type="checkbox"/>		
3) Is the Load:	Yes	No	Comments	
Heavy?	<input type="checkbox"/>	<input type="checkbox"/>		
Bulky or Unwieldy?	<input type="checkbox"/>	<input type="checkbox"/>		
Difficult to Grasp?	<input type="checkbox"/>	<input type="checkbox"/>		
Unstable or Unpredictable?	<input type="checkbox"/>	<input type="checkbox"/>		
Harmful (sharp, hot etc.)?	<input type="checkbox"/>	<input type="checkbox"/>		
4) Where the work is undertaken, is there?	Yes	No	Comments	
A poor floor surface?	<input type="checkbox"/>	<input type="checkbox"/>		
Constraints on posture?	<input type="checkbox"/>	<input type="checkbox"/>		
Variation in levels?	<input type="checkbox"/>	<input type="checkbox"/>		
Hot / cold / humid conditions?	<input type="checkbox"/>	<input type="checkbox"/>		
Poor lighting?	<input type="checkbox"/>	<input type="checkbox"/>		
Strong air movements	<input type="checkbox"/>	<input type="checkbox"/>		
5) Does the Operation:	Yes	No	Comments	
Require unusual capability?	<input type="checkbox"/>	<input type="checkbox"/>		
Present a hazard to those with a health problem?	<input type="checkbox"/>	<input type="checkbox"/>		
Require special information or training?	<input type="checkbox"/>	<input type="checkbox"/>		
Become hindered by clothing or PPE?	<input type="checkbox"/>	<input type="checkbox"/>		
6) Hazards Not Adequately Controlled:	Likelihood	Consequence	Risk	Comments

FORM		<b>HITACHI</b> Inspire the Next	
MANUAL HANDLING ASSESSMENT			

7) Recommendations:	By Whom	By When	
Details of the Assessor			
Name of Assessor:		Title:	
Date Issued:		Review Date:	