

## Manual Handling Risk Assessment

Project Name		Project Number	
Person Undertaking Assessment		Date	

Detailed description of activity	
Location(s)	Persons involved in activity
Provide a sketch/photo of the activity/route	

## Manual Handling Risk Assessment

Detailed Assessment					Problems occurring from the task (Make notes in this column in preparation for the possible remedial action taken).	Possible Remedial Action. (Possible changes to be made to system/task, load, workspace/space, environment. Communication that is needed).
	Low	Med	High	N/A		
<b>Does the task involve:</b>						
Holding loads away from body?						
Twisting?						
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 process?						
<b>Individual capability – Does the job:</b>						
Require unusual capability?						
Pose a risk to those with a health problem?						
Pose a risk to those who are pregnant?						
Pose a risk to young or older persons?						
Call for special information/training?						
<b>Are the loads:</b>						
Heavy?						
Bulky or unwieldy?						
Difficult to grasp?						
Unstable or unpredictable?						
Intrinsically harmful (sharp/hot etc)						
<b>The working environment – Are there:</b>						
Constraints on posture?						
Poor floors/variations in levels?						
Hot/cold/humid conditions?						
Strong air movements?						
Poor lighting conditions?						
Restricted access or egress?						

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Control measures required.	Person responsible for implementing	Target Implementation Date	Date Completed

Document Reference	Process Parent	Revision Status	Document Owner	Date	Page
SH1 FRM 10	SH PRO 01	Rev 2	Martin Hall	June 2022	3 of 3