|  |  |
| --- | --- |
| **SUMMARY OF ASSESSMENT** | Assessment reference - |
| Operations covered by this assessment | Date of Assessment |
|  | **Comments -** |
| Locations |  |
|  |  |
| Personnel Involved |  |
|  |  |

***Section A- Preliminary:***

*(Circle as appropriate)*

Q1. Do the operations involve a significant risk of injury? **Yes / No**

If **YES** go to Q2. If **NO** the assessment need go no further.

IF unsure, answer **YES**

Q2 Can the operations be avoided/mechanised/automated at reasonable cost? **Yes / No**

If **NO**, go to Q3. If **YES**, proceed and check the result is satisfactory.

Q3 Are the operations clearly within the guidelines? **Yes / No**

*(Do they involve twisting, stooping, heavy loads, long carrying distances, frequent lifts etc. - Consult Appendix 1 of the Manual Handling Regulations)*

If **NO**, go to section B. If **YES**, proceed to section C. IF unsure, answer **NO**

***See Section B****:*

**Section C - Overall assessment of risk:**

Q What is the overall assessment of the risk of injury?

**Insignificant/Low/Med/High**

If not **insignificant**, go to section D.

If **insignificant** the assessment is complete

***Section D - Remedial Action:***

Q What remedial action should be taken, in order of priority?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Assessor Ref** | **Action** | **To be done by** | **Completion Date** | |  | | |
|  | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
| Priority for action  **Nil/Low/Med/High** | | | | | |
| Date for re-assessment | | | | | |
| Assessor | | | | | |
| Signature | | | | | |

***Section B: Detailed assessment, if necessary:***

**Handling Factors**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Start or finish of lift** | **Close** | **Mid** | | **Far** | **Score** |
| TASK | 1 | Floor to knuckle | 2 | 4 | | 7 |  |
| 2 | Knuckle to shoulder | 1 | 3 | | 5 |  |
| 3 | Shoulder to above head | 2 | 4 | | 7 |  |
|  |  |  | **No** | **Yes** | |  |
| 4 | Is the body twisted during lifting? |  | 0 | 2 | |  |
| 5 | Does the person stoop whilst lifting? |  | 0 | 4 | |  |
| 6 | Does carrying distance exceed 10 metres? |  | 0 | 3 | |  |
| 7 | Is vision restricted by the load? |  | 0 | 2 | |  |
| 8 | Is the load centrally balanced? |  | 2 | 0 | |  |
| 9 | Is the centre of gravity evident? |  | 2 | 0 | |  |
| 10 | Is the load difficult to grasp? |  | 0 | 2 | |  |
| 11 | Is the load unstable? |  | 0 | 2 | |  |
| 12 | Is the load hot/sharp/otherwise harmful? |  | 0 | 2 | |  |
| 13 | Is pushing or pulling required? |  | 0 | 2 | |  |
| 14 | Could the load suddenly jerk free? |  | 0 | 4 | |  |
| I  ND  I  V  I  DUAL | 15 | Does the task involve unusual strength or height? |  | 0 | 4 | |  |
| 16 | Has the individual received manual handling training? |  | 4 | 0 | |  |
| 17 | Has PPE to be worn? |  | 2 | 0 | |  |
| 18 | Is the person between 18 and 55 years old? |  | 3 | 0 | |  |
| 19 | Does the person have a medical condition or history that could adversely affect them? |  | 0 | 4 | |  |
|  |  | **Addition of handling factors (H)** |  |  |  | |  |
|  |  | **Environmental Factors** |  | **No** | **Yes** | |  |
| ENV  I  RONMENT | 20 | Is the handling space confined? |  | 0 | 3 | |  |
| 21 | Are conditions wet? |  | 0 | 1 | |  |
| 22 | Is the ground icy? |  | 0 | 2 | |  |
| 23 | Is the ground uneven? |  | 0 | 1 | |  |
| 24 | Does the carrying route contain steps? |  | 0 | 3 | |  |
| 25 | Is the handler affected by heat or cold? |  | 0 | 1 | |  |
| 26 | Is the area adequately lit? |  | 2 | 0 | |  |
|  |  | **Addition of environmental factors (E)** |  |  |  | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Weight of load** | Value |  |  |
| LOAD | 27 | 0 to 5 kg | 1 |  |  |
| 28 | 5 to 10 kg | 3 |  |  |
| 29 | 10 to 15 kg | 5 |  |  |
| 30 | 15 to 20 kg | 10 |  |  |
| 31 | 20 to 25 kg | 20 |  |  |
| 32 | over 25 kg | 25 | **Load factor (W)** |  |

**Frequency Factor**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 33 | Occasional - 1  <30 times per hour | Moderate - 3 | Frequent - 10  >5 times a minute | **Frequency (F)** |  |

**Risk factor (H+E) x W x F**

**25**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Risk factor** |  |

**Insignificant** <1

**Low** 1 to 5 **Medium** 5 to 10

*Now return to section C overleaf* **High** >10