

Manual Handling Risk Assessment Recording Form

Part A				
Task name:	Task description and location:			
Date of assessment:	Review date:			
Name(s) of Assessor(s):	No of Personnel involved in the task:			
Part B				
TASK Considerations, does the task involve:				
Level of risk:	Low	Med	High	Remedial Actions:
Holding of Load Away from trunk				
Twisting				
Stooping				
Reaching upward				
Large vertical Movements				
Excessive carrying distance				
Strenuous Pulling				
Strenuous Pushing				
Movement of load				
Repetitive handling				
Insufficient rest				
A work rate				
LOAD Considerations, is the load:				
Level of risk:	Low	Med	High	Remedial Actions:
Heavy				

Bulky/unwieldy				
Difficult to grasp				
Intrinsically harmful (e.g. hot, sharp)				
Unstable				
WORKING ENVIRONMENT Considerations: are there:				
Level of risk:	Low	Med	High	Remedial Actions:
Constrains on posture				
Poor floors				
Changes in level				
Hot/cold				
Humid				
Strong air movements				
Poor lighting				
Slopes				
Noise				
INDIVIDUAL CAPABILITY Considerations, does the job:				
Level of risk:	Low	Med	High	Remedial Actions:
Require unusual capability				
Hazard those with health problems				
Hazard those who are pregnant				
Require special training, information				
OTHER FACTORS				
Level of risk:	Low	Med	High	Remedial Actions:
Does PPE hinder the job				
Signature of and position of assessor(s)				

