

John Wheatley College

Manual Handling Assessment Sheet

Name of Assessor: _____ Check No: _____

Signed: _____ Date: _____

Assessment Location: _____

Operation: _____

Section A Assessment – Consider the RISK of injury

Consider each statement below and indicate in the column that which most applies

N = Nil:

L = Low:

M = Med:

H = High

The Tasks – do they involve

The working environment – are there:

holding loads away from trunk? constraints on posture?

twisting? poor floors?

stooping? variation in levels?

reaching upwards? hot/cold/humid conditions

large vertical movement strong air movement?

long carrying distances? poor lighting conditions?

strenuous pushing or pulling?

unpredictable movements of loads?

repetitive handling? **Individual Capability – does the job**

insufficient rest or recovery? requires unusual capability?

a workmate imposed by a process? call for special info/training?

The Loads – are they:

Other factors

heavy? is movement or posture hindered by clothing or Personal Protective equipment

bulky/unwieldy?

difficult to grasp?

unstable/unpredictable **Total Nil =** **Total Med =**

intrinsically harmful (eg sharp/hot) **Total Low =** **Total High =**

SECTION B – PRELIMINARY

Q1. Do the operations involve a significant risk of injury?

Tick the appropriate

Yes		No	
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Q2. Can the operations be avoided/mechanised/automated?

Yes		No	
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Q3. Is the number of 'highs' over the page greater than No of 'lows' and 'med' added together?

Yes		No	
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SECTION C – OVERALL ASSESSMENT OF RISK

Q4. What is your overall assessment of the risk of injury?

INSIGNIFICANT	LOW	MEDIUM	HIGH	
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Note: If the risk is any other than 'insignificant' list in section 'D' the actions required to be taken in order of priority.

SECTION D – REMEDIAL ACTION STILL REQUIRED

Q5. What remedial action steps should be taken, in order of priority?

1. _____
2. _____
3. _____
4. _____

SECTION E – LIST THE ACTIONS ALREADY TAKEN TO REDUCE THE RISK OF INJURY

1. _____
2. _____
3. _____
4. _____