

ASSESSMENT REF:	
EXECUTIVE SUMMARY (Complete at end of assessment)	
OPERATIONS COVERED BY ASSESSMENT:	PRIORITY FOR ACTION: NIL/LOW/MED/HIGH* (*delete as appropriate)
LOCATION/S:	REMEDIAL ACTION POINTS:
PERSONNEL INVOLVED:	DATE BY WHICH ACTION TO BE TAKEN:
	DATE FOR REASSESSMENT:
ASS'MNT DATE:	ASS'RS NAME: SIGNATURE:

SECTION A - PRELIMINARY ASSESSMENT	* Delete as appropriate
A1 Do the operations involve a significant risk of injury? If 'YES' go to A2, if 'NO' the assessment need go no further. Retain this document for future reference.	YES / NO*
A2 Can the operation be avoided at reasonable cost? (Normally by elimination of the activity or by total automation.) If 'YES', record the actions to be taken (in Section D below) take the appropriate action and monitor the results. If 'NO', go to A3.	YES / NO*
A3 Are the operations clearly within the guidelines provided in the 'Guidance on Regulations'? If 'YES' go to Section C. If 'NO' go to Section B and then Section C.	YES / NO*
SECTION B - SEE PAGES 2 & 3	
SECTION C - OVERALL ASSESSMENT OF RISK LEVEL	
C1 What is the overall risk of injury? If 'INSIGNIFICANT' the assessment need go no further. Retain this document for future reference. If <u>NOT</u> 'insignificant' go to Section D	Insignificant/Low/ Medium/High*
SECTION D - REMEDIAL ACTION	ACTIONED
List, in order of priority, the remedial actions to be taken:	(Signature & Date)
D1	
D2	
D3	
D4	
D5	
D6	
D7	
D8	
D9	

**Retain a copy of this assessment on file for future reference
Assessments/operations will need to be monitored and reviewed**

SECTION B - Detailed Assessment	ASSESSMENT REF:
--	------------------------

**MANUAL HANDLING OPERATIONS
RISK ASSESSMENT**

A15

Answer ALL questions	YES/ NO	LEVEL OF RISK			NOTES
		LOW	MED	HIGH	
TASK - Does it involve:					
Holding/carrying loads away from the body?					
Twisting the body?					
Stooping?					
Reaching up above shoulder height?					
Moving the load through 3+ body zones?					
Carrying objects for 10m+ ?					
Strenuous pushing or pulling?					
Repetitive handling? (30+/hr)					
Insufficient opportunity for rest/recovery?					
A work rate imposed by the process?					
OBJECT - Is it/are they:					
Heavy?					
Bulky?					
Difficult to grasp?					
Unstable/unbalanced/unpredictable?					
Intrinsically harmful? (eg sharp/rough/hot)					
ENVIRONMENT - Are there:					
Poor floors/surfaces?					
Variations in level?					
Areas of restricted access/egress?					
Areas of restricted headroom?					
Hot/cold/humid conditions?					
Strong air movements/gusts?					
Poor lighting? (Too bright or too dark)					
SUBJECT - Does the individual need to be:					
Particularly strong?					
Very tall or very short?					
Very fit/agile?					
Specially trained?					
Does the job present a particular hazard to:					
New/expectant mothers?					
Persons with special needs?					
GENERAL					
Is any appropriate PPE not available/used?					
Does PPE restrict/impair subject?					
Does clothing hinder free movement?					

ASSESSMENT REF:

SECTION B (Cont) - Detailed Assessment Notes

