

Manual handling of loads: Assessment checklist

Section A – Preliminary

<p>Task name:</p> <p>Task description:</p> <p>Load weight:</p> <p>Frequency of lift:</p> <p>Carrying distances (if applicable):</p> <p>Are other manual handling tasks carried out by these personnel?</p> <p>Assessments discussed with employees/safety representatives:</p>	<p>Is an assessment needed? (An assessment will be needed if there is a potential risk of injury, e.g. if the task falls outside the guidelines in the HSE filter).</p> <p style="text-align: center;">Yes/No*</p> <p>* Circle as appropriate</p>
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If 'Yes' continue. If 'No' the assessment need go no further.

<p>Operations covered by assessment (detailed description):</p> <p>Locations:</p> <p>Personnel involved:</p> <p>Date of assessment:</p>	<p>Diagrams (other information including existing control measures):</p>
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<p>Overall assessment of the risk of injury? *Circle as appropriate</p>	<p>Low / Medium / High</p>
<p>Make your overall assessment after you have completed Section B.</p>	

Section B: Lifting and carrying – More detailed assessment, where necessary

Questions to consider:	If yes, tick appropriate level of risk			Problems occurring from the task (make rough notes in this column in preparation for the possible remedial action to be taken)	Possible remedial action, e.g. changes that need to be made to the task, load, working environment etc. Who needs to be involved in implementing the changes?
	L	M	H		
Do the tasks involve:					
▪ holding loads away from trunk?					
▪ twisting?					
▪ stooping?					
▪ reaching upwards?					
▪ large vertical movements?					
▪ long carrying distances?					
▪ strenuous pushing and pulling?					
▪ unpredictable movement of loads?					
▪ repetitive handling?					
▪ insufficient rest or recovery?					
▪ a work rate imposed by a process?					
Are the loads:					
▪ heavy?					
▪ bulky/unwieldy?					
▪ difficult to grasp?					
▪ unstable/unpredictable?					
▪ intrinsically harmful (e.g. sharp/hot)?					

Section B: Lifting and carrying – More detailed assessment, where necessary

Questions to consider:	If yes, tick appropriate level of risk			Problems occurring from the task (make rough notes in this column in preparation for the possible remedial action to be taken)	Possible remedial action, e.g. changes that need to be made to the task, load, working environment etc. Who needs to be involved in implementing the changes?
	L	M	H		
<p>Consider the working environment Are there:</p> <ul style="list-style-type: none"> ▪ constraints on posture? ▪ poor floors? ▪ variations in levels? ▪ hot/cold/humid conditions? ▪ strong air movements? ▪ poor lighting conditions? 					
<p>Consider the individual capability Does the job:</p> <ul style="list-style-type: none"> ▪ require unusual capability? ▪ pose a risk to those with a health problem or a physical or learning difficulty? ▪ pose a risk to those who are pregnant? ▪ call for special information/training? 					

Section B: Lifting and carrying – More detailed assessment, where necessary

Questions to consider:	Yes/No	Problems occurring from the task (make rough notes in this column in preparation for the possible remedial action to be taken)	Possible remedial action, e.g. changes that need to be made to the task, load, working environment etc. Who needs to be involved in implementing the changes?
Other factors to consider			
<i>Protective clothing</i>			
<ul style="list-style-type: none"> ▪ Is movement or posture hindered by clothing or personal protective equipment? 	Yes / No		
<ul style="list-style-type: none"> ▪ Is there an absence of correct/suitable PPE being worn? 	Yes / No		
<i>Work organisation (psychosocial factors)</i>			
<ul style="list-style-type: none"> ▪ Do workers feel there has been a lack of consideration given to the planning and scheduling of tasks/rest breaks? 	Yes / No		
<ul style="list-style-type: none"> ▪ Do workers feel that there is poor communication between managers and employees (e.g. not involved in risk assessments or decisions on changes in workstation design)? 	Yes / No		
<ul style="list-style-type: none"> ▪ Are there sudden changes in workload, or seasonal changes in volume without mechanisms for dealing with the change? 	Yes / No		
<ul style="list-style-type: none"> ▪ Do workers feel they have not been given enough training and information to carry out the task successfully? 	Yes / No		

Section C – Remedial action to be taken

Remedial action to be taken in order of priority	Person responsible for implementing controls	Target implementation date	Completed Y / N
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
Date by which actions should be completed:			
Date for review of assessment:			
Assessors name:		Signature:	

TAKE ACTION....AND CHECK THAT IT HAS THE DESIRED EFFECT