## TAB_col_white_background.epsDirectorate for the Student Experience

## Manual Handling Risk Assessment

| **Date:**  | **Assessed by:**  | **Checked / Validated by:**  | **Location:**  | **Assessment Ref No:** | **Review date:**  |
| --- | --- | --- | --- | --- | --- |
| **Description of Task:**  |
| **Load Weight:** | **Frequency of Lift:** | **Carry Distances:** |
| **Persons Involved:**  |
| **Are other manual handling tasks carried out by these people?** |
| **Questions to consider:** | **If Yes, tick appropriate level of risk** | **Problems Occurring from the Task** | **Possible Remedial Action****eg changes that need to be made to the task, load, working environment etc. Who needs to be involved in implementing the changes?** |
| **Low** | **Med** | **High** |
| Do the **TASKS** involve: |
| Holding loads away from trunk? |  |  |  |  |  |
| Twisting? |  |  |  |  |  |
| Stooping? |  |  |  |  |  |
| Reaching upwards? |  |  |  |  |  |
| Large vertical movement? |  |  |  |  |  |
| Long carrying distances? |  |  |  |  |  |
| Strenuous pushing or pulling? |  |  |  |  |  |
| Unpredictable movement of loads? |  |  |  |  |  |
| Repetitive handling? |  |  |  |  |  |
| Insufficient rest or recovery? |  |  |  |  |  |
| A work rate imposed by a process? |  |  |  |  |  |

| **Questions to consider:** | **If Yes, tick appropriate level of risk** | **Problems Occurring from the Task** | **Possible Remedial Action****eg changes that need to be made to the task, load, working environment etc. Who needs to be involved in implementing the changes?** |
| --- | --- | --- | --- |
| **Low** | **Med** | **High** |
| Consider **INDIVIDUAL** capability – does the job: |
| Require unusual capability? |  |  |  |  |  |
| Pose a risk to those who are pregnant? |  |  |  |  |  |
| Call for special information/training? |  |  |  |  |  |
| Pose a risk to those with a health problem or a physical or learning difficulty? |  |  |  |  |  |
| Pose a risk to new workers/young people? |  |  |  |  |  |
| Require special information/ training? |  |  |  |  |  |
| Is the **LOAD**: |
| Heavy? |  |  |  |  |  |
| Bulky or unwieldy? |  |  |  |  |  |
| Difficult to grasp? |  |  |  |  |  |
| Unstable or unpredictable? |  |  |  |  |  |
| Intrinsically harmful (eg sharp/hot)? |  |  |  |  |  |
| Consider the **WORKING ENVIRONMENT** – are there: |
| Constraints on posture? |  |  |  |  |  |
| Poor floors? |  |  |  |  |  |
| Variations in levels? |  |  |  |  |  |
| Hot/cold/humid conditions? |  |  |  |  |  |
| Strong air movements? |  |  |  |  |  |
| Poor lighting conditions? |  |  |  |  |  |

**More Detailed Assessment Where Necessary**

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| --- | --- | --- | --- |
| **Questions to Consider** | **Yes/ No** | **Problems Occurring from the Task** | **Possible Remedial Action eg. Changes that need to be made to the task, load, environment** |
| **Protective Clothing** |
| Is movement or posture hindered by clothing or personal protective equipment? | Yes/ No |  |  |
| Is there an absence of the correct/suitable PPE being worn? | Yes/ No |  |  |
| **Work Organisation (psychosocial factors** |
| Do workers feel that there has been a lack of consideration given to the planning and scheduling of tasks/rest breaks? | Yes/ No |  |  |
| Do workers feel that there is poor communication between managers and employees (eg. not involved in risk assessments or decisions on changes in workstation design)? | Yes/ No |  |  |
| Are there sudden changes in workload, or seasonal changes in volume without mechanisms for dealing with the change? | Yes/ No |  |  |
| Do workers feel they have not been given enough training and information to carry out the task successfully? | Yes/ No |  |  |

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| --- | --- | --- | --- |
| **Overall assessment of the risk of injury** \*circle as appropriate | **LOW** | **MEDIUM** | **HIGH** |

**Action to be Taken**

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| --- | --- | --- | --- | --- |
| **Action****Number** | **Steps that should be taken, in order of priority** | **Person Responsible for****Implementing Controls** | **Target Implementation****Date** | **Completed****(Yes/No)** |
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If the activity is more complex than can be assessed with Task, Individual, Load and Environment (as in the above assessment), the following tools provided by the [Health and Safety Executive](http://www.hse.gov.uk/) (HSE) can be used:

**Lifting and Lowering** – use the [MAC tool](http://www.hse.gov.uk/msd/mac/index.htm) **Repetitive Upper Limb Tasks** – use [ART tool](http://www.hse.gov.uk/msd/uld/art/index.htm)

**Load Weights Vary** – use [V-MAC tool](http://www.hse.gov.uk/msd/mac/vmac/index.htm) **Pushing and Pulling** – use [RAPP tool](http://www.hse.gov.uk/msd/pushpull/index.htm)