**MANUAL HANDLING ASSESSMENT (prior to manual handling risk assessment)**

**Manual Handling task covered by this assessment:** Lifting and moving furniture and equipment around church hall

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **THE TASK – does is involve** | **NO** | **YES** |  | **POSSIBLE REMEDIAL ACTION** |
| • Holding loads away from trunk? | 0 | 4 |  |  |
| • Twisting? | 0 | 2 |  |  |
| • Stooping? | 0 | 4 |  |  |
| • Reaching/lifting above shoulder height? | 0 | 4 |  |  |
| • Long carrying distance? | 0 | 3 |  |  |
| • Strenuous pushing or pulling? | 0 | 3 |  |  |
| • Handling while seated? | 0 | 3 |  |  |
| • Repetitive movement? | 0 | 2 |  |  |
| • Insufficient recovery time? | 0 | 3 |  |  |
| **THE LOAD – is it** |  |  |  |  |
| • Heavier than 25 kgs? | 0 | 4 |  |  |
| • Bulky? | 0 | 2 |  |  |
| • Difficult to grasp? | 0 | 2 |  |  |
| • Intrinsically harmful (e.g. sharp/hot)? | 0 | 4 |  |  |
| • Unstable/unpredictable in movement? | 0 | 4 |  |  |
| **THE WORKING ENVIRONMENT – are there** |  |  |  |  |
| • Limitations on movement? | 0 | 3 |  |  |
| • Lack of working space? | 0 | 3 |  |  |
| • Uneven/slippery/unstable floors/ground? | 0 | 2 |  |  |
| • Hot/cold/humid conditions? | 0 | 1 |  |  |
| • Strong air movements? | 0 | 2 |  |  |
| • Poor lighting conditions? | 0 | 1 |  |  |
| **INDIVIDUAL CAPABILITY – does the job** |  |  |  |  |
| • Require unusual strength/height? | 0 | 2 |  |  |
| • Pose possible hazard to those with a health problem? | 0 | 2 |  |  |
| • Pose possible hazard to those who are pregnant? | 0 | 2 |  |  |
| • Call for additional information/training? | 0 | 2 |  |  |
| **OTHER FACTORS – can movement or possible posture be hindered by** |  |  |  |  |
| • Clothing? | 0 | 1 |  |  |
| • Personal protective equipment? | 0 | 1 |  |  |
| • An emergency of unplanned event? | 0 | 2 |  |  |
| **SUB TOTAL** | | |  |  |
| **IF THE TASK INVOLVES TIME PRESSURES ADD 10** | | |  |  |
| **RISK FACTOR** | | |  |  |

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HOW OFTEN IS THE TASK CARRIED OUT?** | |  |  |  |  |
| Does the activity involve: (select one of the below) | Risk Factor |  | Frequency Factor |  | TOTAL RISK RATING |
| Frequent handling (several times a day) |  | X | 4 | = |  |
| Regular handling (several times a week) |  | X | 3 | = |  |
| Occasional handling (several times a month) |  | X | 2 | = |  |
| Infrequent handling (several times a year) |  | X | 1 | = |  |

|  |
| --- |
| **Summary of Assessment** |
| Number of personnel who carry out this task:    Job title(s) of personnel who carry out this task:     |  | | --- | |  |   **Total Risk Rating:** |

**Risk Rating**

**0-10** Very Low Risk; **10-40** Low Risk; **40-70** Significant Risk; **70-100** High Risk; **100-200** Very High Risk; **200-300** Unacceptable risk.

|  |  |  |
| --- | --- | --- |
| **Remedial action to take in order of priority** | **Date to be completed by** | **Date completed** |
| **1)** |  |  |
| **2)** |  |  |
| **3)** |  |  |
| **4)** |  |  |
| **5)** |  |  |
| **6)** |  |  |
| **7)** |  |  |
| **8)** |  |  |

**Date of assessment:**

**Assessor’s name: Signature:**