**MANUAL HANDLING OPERATIONS - SPECIFIC RISK ASSESSMENT**

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| **School / Directorate:**  **Area & Location:**  **Assessor(s):** | | | **Manual handling task(s):** | | |
| **Can any aspects of the manual handling task be avoided or eliminated YES / NO ?**  **If so how?** | | | | | |
| **Hazards to consider:** | | **If YES**  **Tick ✓** | | | **Action required to reduce risk of injury (if YES)** |
| **THE TASKS - do they involve**   * twisting the trunk? * holding loads away from the trunk? * stooping or reaching upwards? * long carrying distances? * strenuous pushing or pulling? * unpredictable movement of loads? * repetitive handling? * handling while seated? * insufficient rest or recovery time? * a work rate imposed by a process? | |  | | |  |
| **THE LOADS - are they** | |  | | |  |
| * heavy (see weight guide)? * bulky or unwieldy? * difficult to grasp? * unstable or unpredictable? * harmful, e.g. sharp, rough or hot? | |  | | |
| **WORKING ENVIRONMENT- are there** | |  | | |  |
| * constraints on posture? * poor floor surfaces? * variations in floor levels? * hot/cold/humid conditions? * strong air movement? * poor lighting conditions? * restrictions on movement or posture from clothes or PPE? * other hazards - obstructions, noise, chemicals | |  | | |  |
| **INDIVIDUAL CAPABILITY - does task** | |  | | |  |
| * require unusual strength, reach? * endanger staff with a health problem? * endanger pregnant women? * call for special info, training or PPE? | |  | | |  |
| Persons who are not permitted to carry out these tasks: |  | | | | |
| Has a safe system of work been drawn up for this task? YES / NO | | | | | |
| Have all manual handlers been suitably instructed and trained? YES / NO | | | | | |
| **Date of assessment:** | | | | **Review date:** | |