



Acute Training Solutions

Object Manual Handling Risk Assessment Form

Primary location		Precise location	
Name of assessor		Signature of assessor	
Designation		Date of assessment	
Date of review			

Section A: Manual handling task
Description of task
Employees involved

Section B: Current risk control measures	
Control measures currently in use	Equipment currently in use



Section C: Assessment of manual handling risk		
To be completed when it is not reasonably practicable to AVOID a hazardous manual handling task. In each of the sections, Load, Individual Capability, Task & Environment – tick the appropriate box (Yes or No). A “Yes” tick indicates that further action is required to reduce the risk.		
Load (object to be moved)	Yes	No
Is the load heavy. Indicate weight (.....)		
Is the load bulky, unwieldy, one side heavier > 75cm in diameter		
Is the load difficult to grasp. No conventional hand holds		
Is the load unsteady / unpredictable		
Is the load harmful e.g. sharp, hot, contaminated		
Individual capability (of employee's moving the load)	Yes	No
Does the task require unusual capabilities i.e. strength, height, age		
Does the task constitute a hazard to those with health problems		
Does the task constitute a hazard to those who are pregnant		
Does the task require special information and / or training		
Does the task require personal protective clothing		
Does the task require any other factors		
Task	Yes	No
Does the task involve holding the load away from the trunk		
Does the task involve twisting		
Does the task involve stooping		
Does the task involve reaching upwards		
Does the task involve large vertical movements from floor		
Does the task involve long carrying distances		
Does the task involve strenuous pushing / pulling		
Environment	Yes	No
Does the environment have constraints on posture i.e. restricted space, low work surface		
Does the environment have poor floors or ground conditions e.g. uneven, slippery unstable		
Does the environment have variations in levels e.g. steps		
Does the environment have strong air movements		
Does the environment have inadequate lighting conditions		
Does the environment have hot, cold, humid conditions		
Other issues to consider	Yes	No
Specify:		



Section H: Safe system of work		
Description of task	Precise location	Number of staff required
System of work		

Signature of assessor		Signature of Manager	
Date			



Section I: Review of risk assessment risk
 Review current risk assessment annually and if no changes are required sign below

Review number	No changes required to current measures
	X
Assessor name	
Signature	
Designation	
Date	

Review number	No changes required to current measures
	X
Assessor name	
Signature	
Designation	
Date	

Review number	No changes required to current measures
	X
Assessor name	
Signature	
Designation	
Date	

Review number	No changes required to current measures
	X
Assessor name	
Signature	
Designation	
Date	

Review number	No changes required to current measures
	X
Assessor name	
Signature	
Designation	
Date	

Review number	No changes required to current measures
	X
Assessor name	
Signature	
Designation	
Date	

Review number	No changes required to current measures
	X
Assessor name	
Signature	
Designation	
Date	

Review number	No changes required to current measures
	X
Assessor name	
Signature	
Designation	
Date	



Section J: Matrix for determining the level of risk from manual handling tasks and recommended action times

Consequences Likelihood	Minor injury 0-3 days off work	Injury causing 4 days to 1 month off work	Injury causing more than 1 month off work
Unlikely	No action require	Action within 3 months	Seek further advice from a Health & Safety Advisor
Possible	Action within 3 months	Action within 1 month	Immediate action
Likely	Action within 1 month	Action within 2 weeks	Immediate action

Risk key

LOW	MEDIUM	HIGH