The University Of Sheffield.

Manual Handling Risk Assessment Form

Assessed by:	Signature(s):	Dated:	Review Date:
Department/Team:			

Section A - Preliminary

Task name:

Task description:

Load weight: Load height:

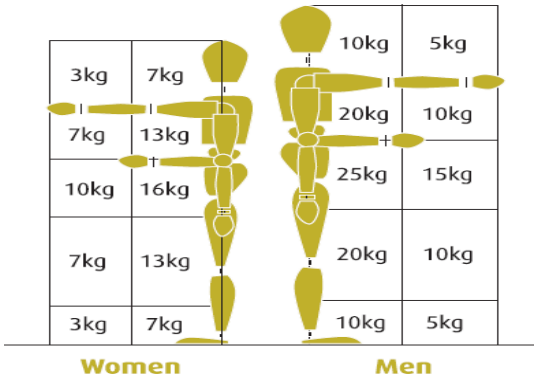
Frequency of lift: per minute / hour / day*

Carry distances (if applicable):

Are other manual handling tasks carried out by these operators?

Assessment discussed with employees/safety representatives:

RISK FILTER – indicate if load is within zone



Is further assessment needed?

Yes / No*

**(Further assessment will be needed if there is a potential risk of injury, i.e. if the task falls outside the guidelines or if it is repeated more than every 2 minutes, for example)*

If '**Yes**' continue. If '**No**' the assessment need go no further.

Operations covered by this assessment (detailed description):	Diagrams (other information including existing control measures):
Locations: Personnel involved: Date of assessment:	

Overall assessment of the risk of injury?

**Circle as appropriate* LOW / MEDIUM / HIGH*

Make your overall assessment **after** you have completed Section B.

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Section B: Lifting and carrying – more detailed assessment

QUESTIONS TO CONSIDER:	✓	PROBLEMS OCCURRING FROM THE TASK (Type and risk of injury, frequency of task, postural constraints etc)	POSSIBLE REMEDIAL ACTION (possible changes to be made to system/task, load, workplace/space, environment, communication etc)	ACTION BY WHO?	ACTION BY WHEN?	DATE COMPLETED
THE TASK – DOES IT INVOLVE:						
• Holding loads away from the body?						
• Twisting?						
• Stooping?						
• Reaching upwards?						
• Large vertical movements?						
• Long carrying distances?						
• Strenuous pushing or pulling?						
• Unpredictable movement of loads?						
• Repetitive handling?						
• Insufficient rest or recovery?						
• A workrate imposed by a process?						
THE LOADS – ARE THEY:						
• Heavy?						
• Bulky/unwieldy?						
• Difficult to grasp?						
• Unstable/unpredictable?						
• Intrinsically harmful (sharp/hot)?						
THE WORKING ENVIRONMENT – ARE THERE:						
• Constraints on posture/work space?						
• Poor floor conditions?						
• Variations in levels or steps/stairs?						
• Hot/cold/humid conditions?						
• Strong air movements?						
• Poor lighting conditions?						

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Section B: Lifting and carrying – more detailed assessment (continued)

QUESTIONS TO CONSIDER:	✓	PROBLEMS OCCURRING FROM THE TASK (Type and risk of injury, frequency of task, postural constraints etc)	POSSIBLE REMEDIAL ACTION (possible changes to be made to system/task, load, workplace/space, environment, communication etc)	ACTION BY WHO?	ACTION BY WHEN?	DATE COMPLETED
INDIVIDUAL CAPABILITY – DOES THE JOB:						
• Require unusual capability/strength?						
• Create a hazard for people with pre-existing musculoskeletal problems?						
• Create a hazard for people who are pregnant e.g. lifting of loads?						
• Call for special information/training?						
OTHER FACTORS:						
• Is movement or posture hindered by clothing or personal protective equipment?						
• Has consideration been given to the planning and scheduling of tasks and rest breaks?						
• Is there good communication between managers and employees with regards to changes?						
• Are there any sudden or seasonal changes in workload?						
• Have employees been given sufficient instruction, information and training to carry out the task safely?						

Any other comments/observations: