**MANUAL HANDLING OPERATIONS - SPECIFIC RISK ASSESSMENT**

|  |  |
| --- | --- |
| **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:** |