**OBUHSN - 34 APPENDIX 4**

Assessment Checklist

Manual handling of loads

This checklist will remind you of the main points to think about while you:

• consider the risk of injury from manual handling operations

• identify steps that can remove or reduce the risk

• decide you priorities for action.

|  |  |
| --- | --- |
| **SUMMARY OF ASSESSMENT**  Operations covered by this assessment:        Locations:  Personnel involved:  Date of assessment: | Overall priority for remedial action:  Nil/Low/Med/High\*  Remedial action to be taken:      Date by which action is to be taken:  Date for reassessment:  Assessor's name:  Signature: |

\*circle as appropriate

**Section A - Preliminary:**

**Q1 Do the operations involve a significant risk of injury?** Yes/No\*

If **`Yes'** go to Q2. If **`No'** the assessment need go no further.

If in doubt answer **`Yes'.** You may find the guidelines in Appendix B helpful.

**Q2 Can the operations be avoided/mechanised/automated at reasonable cost?** Yes/No\*

If **`No'** go to Q3. If **`Yes'** proceed and then check that the result is satisfactory.

**Q3 Are the operations clearly within the guidelines in Appendix 1?** Yes/No\*

If **`No'** go to Section B (on back of form). If **`Yes'** you may go straight to Section C if you wish.

**Section C - Overall assessment of risk:**

**Q What is your overall assessment of the risk of injury?** Insignificant/Low/Med/High\*

If not **`Insignificant'** go to Section D. If **`Insignificant'** the assessment need go not further.

**Section D - Remedial action:**

**Q What remedial steps should be taken, in order of priority?**

i

ii

iii

iv

v

**And finally:**

- complete the summary above

- compare it with your other manual handling assessments

- decide your priorities for action

- **TAKE ACTION . . . AND CHECK THAT IT HAS THE DESIRED EFFECT**

- send a copy to the Safety Office.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section B - More detailed assessment, where necessary:** | | | | | |
| **Questions to consider:**  (If the answer to a question is `Yes' place a tick against it and then consider the level of risk). | | **Level of risk:**  *(Tick as appropriate)* | | | **Possible remedial action:**  (Make rough notes in this column in preparation for completing Section D) |
| **The tasks** - do they involve:  w holding loads away from trunk?  w twisting?  w stooping?  w reaching upwards?  w large vertical movement?  w long carrying distances?  w strenuous pushing or pulling?  w unpredictable movement of loads?  w repetitive handling?  w insufficient rest or recovery?  w a work rate imposed by a process?  **The loads** - are they:  w heavy?  w bulky/unwieldy?  w difficult to grasp?  w unstable/unpredictable?  w intrinsically harmful (eg sharp/hot?)  **The working environment** - are there:  w constraints on posture?  w poor floors?  w variations in levels?  w hot/cold/humid conditions?  w strong air movements?  w poor lighting conditions?  **Individual capability** - does the job:  w require unusual capability?  w hazard those with a health problem?  w hazard those who are pregnant?  w call for special information/training?  **Other factors** -  Is movement or posture hindered by clothing or personal protective equipment? | **Yes** | **Low** | **Med** | **High** |  |
| Deciding the level of risk will inevitably call for judgement. The guidelines in Appendix B may provide a useful yardstick.  **When you have completed Section B go to Section C.** | | | | | |