**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.

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|  **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.

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| **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.** |