**MANUAL HANDLING ASSESSMENT (prior to manual handling risk assessment)**

**Manual Handling task covered by this assessment:** Lifting and moving furniture and equipment around church hall

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **THE TASK – does is involve**  | **NO**  | **YES**  |  | **POSSIBLE REMEDIAL ACTION**  |
| • Holding loads away from trunk?  | 0  | 4  |   |   |
| • Twisting?  | 0  | 2  |   |   |
| • Stooping?  | 0  | 4  |   |   |
| • Reaching/lifting above shoulder height?  | 0  | 4  |   |   |
| • Long carrying distance?  | 0  | 3  |   |   |
| • Strenuous pushing or pulling?  | 0  | 3  |   |   |
| • Handling while seated?  | 0  | 3  |   |   |
| • Repetitive movement?  | 0  | 2  |   |   |
| • Insufficient recovery time?  | 0  | 3  |   |   |
| **THE LOAD – is it**  |   |   |   |   |
| • Heavier than 25 kgs?  | 0  | 4  |   |   |
| • Bulky?  | 0  | 2  |   |   |
| • Difficult to grasp?  | 0  | 2  |   |   |
| • Intrinsically harmful (e.g. sharp/hot)?  | 0  | 4  |   |   |
| • Unstable/unpredictable in movement?  | 0  | 4  |   |   |
| **THE WORKING ENVIRONMENT – are there**  |   |   |   |   |
| • Limitations on movement?  | 0  | 3  |   |   |
| • Lack of working space?  | 0  | 3  |   |   |
| • Uneven/slippery/unstable floors/ground?  | 0  | 2  |   |   |
| • Hot/cold/humid conditions?  | 0  | 1  |   |   |
| • Strong air movements?  | 0  | 2  |   |   |
| • Poor lighting conditions?  | 0  | 1  |   |   |
| **INDIVIDUAL CAPABILITY – does the job**  |   |   |   |   |
| • Require unusual strength/height?  | 0  | 2  |   |   |
| • Pose possible hazard to those with a health problem?  | 0  | 2  |   |   |
| • Pose possible hazard to those who are pregnant?  | 0  | 2  |   |   |
| • Call for additional information/training?  | 0  | 2  |   |   |
| **OTHER FACTORS – can movement or possible posture be hindered by**  |   |   |   |   |
| • Clothing?  | 0  | 1  |   |   |
| • Personal protective equipment?  | 0  | 1  |   |   |
| • An emergency of unplanned event?  | 0  | 2  |   |   |
| **SUB TOTAL**  |   |   |
| **IF THE TASK INVOLVES TIME PRESSURES ADD 10**  |   |   |
| **RISK FACTOR**  |   |   |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HOW OFTEN IS THE TASK CARRIED OUT?**  |  |  |  |  |
| Does the activity involve: (select one of the below)  | Risk Factor  |   | Frequency Factor  |   | TOTAL RISK RATING  |
| Frequent handling (several times a day)  |   | X  | 4  | =  |   |
| Regular handling (several times a week)  |   | X  | 3  | =  |   |
| Occasional handling (several times a month)  |   | X  | 2  | =  |   |
| Infrequent handling (several times a year)  |   | X  | 1  | =  |   |

|  |
| --- |
| **Summary of Assessment**  |
|  Number of personnel who carry out this task:  Job title(s) of personnel who carry out this task:

|  |
| --- |
|  |

**Total Risk Rating:**    |

**Risk Rating**

**0-10** Very Low Risk; **10-40** Low Risk; **40-70** Significant Risk; **70-100** High Risk; **100-200** Very High Risk; **200-300** Unacceptable risk.

|  |  |  |
| --- | --- | --- |
| **Remedial action to take in order of priority**  | **Date to be completed by**  | **Date completed**  |
| **1)**  |   |   |
| **2)**  |   |   |
| **3)**  |   |   |
| **4)**  |   |   |
| **5)**  |   |   |
| **6)**  |   |   |
| **7)**  |   |   |
| **8)**  |   |   |

**Date of assessment:**

**Assessor’s name: Signature:**