

**MANUAL HANDLING of LOADS RISK ASSESSMENT**



**INITIAL ASSESSMENT – SECTION A**

**Job name** *(please specify):*

**Describe the job** *(please specify):*

**Is manual handling an inherent part of job and is it undertaken on a regular basis (e.g. daily/weekly)?** Yes/ No

If **Yes**, undertake a detailed specific assessment (Go to Section B)

If **No**, use the following risk factors to identify whether the activity is hazardous or undertake the detailed specific assessment (Section B) if unsure as best practice:

- Is the load carried over a longer distance without resting?
- Is the load heavy?
- Are the hands below knuckle height or above elbow height?
- The worker cannot control the pace of work?
- Pauses for rests are inadequate or there is no change of activity which provides an opportunity to use different muscles?
- Does the handler have to support the load for any length of time?
- Is movement restricted by environment of process?

If you answer ‘**Yes**’ to any one of these, then a detailed specific assessment needs to be undertaken. If you need some advice, contact your WCC Senior Health and Safety Advisor.

**Overall**

Is a detailed specific assessment needed (i.e. job identified as hazardous manual handling)?

**YES – go to Section B**

**NO – This assessment need go no further, sign below and retain this initial assessment as a record of your findings.**

**Manager name and signature**

**Date**

# WCC MANUAL HANDLING of LOADS RISK ASSESSMENT



## DETAILED SPECIFIC ASSESSMENT – SECTION B

Location(s) of job:   Employees involved in the job:	Diagrams / Other information:
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For each job activity consider the following questions.  
 If the answer is “YES” place a tick against it and then tick the identified level of risk and detail the possible remedial action.

Question	Level of Risk				Possible remedial action
	Yes	Low	Med	High	
<b>The Tasks</b> – do they involve: <ul style="list-style-type: none"> <li>• Holding loads away from the trunk?</li> <li>• Stooping?</li> <li>• Twisting?</li> <li>• Reaching upwards?</li> <li>• Large vertical movements?</li> <li>• Long carrying distances?</li> <li>• Strenuous pushing and pulling?</li> <li>• Unpredictable movement of loads?</li> <li>• Repetitive handling?</li> <li>• Insufficient rest or recovery time?</li> <li>• A workrate imposed by a process?</li> </ul>					
<b>The Loads</b> – are they: <ul style="list-style-type: none"> <li>• Heavy?</li> <li>• Bulky / unwieldy?</li> <li>• Difficult to grasp?</li> <li>• Unstable / unpredictable?</li> </ul>					

<b>The working environment – are there:</b> <ul style="list-style-type: none"> <li>• Constraints on posture?</li> <li>• Poor floors?</li> <li>• Variations in levels?</li> <li>• Hot/cold/humid conditions?</li> <li>• Poor lighting conditions?</li> </ul>					
<b>Individual capability – does the job:</b> <ul style="list-style-type: none"> <li>• Require unusual capability?</li> <li>• Hazard those with a health problem?</li> <li>• Hazard those who are pregnant?</li> <li>• Call for special information / training?</li> <li>• Pose a risk to those with a known health problem or a physical or learning difficulty?</li> </ul>					
<b>Other – For example:</b> <ul style="list-style-type: none"> <li>• Are there any psychosocial risk factors?</li> <li>• PPE constraints?</li> </ul>					
<b>Go to Section C to summarise your remedial steps in order of priority</b>					

**REMEDIAL ACTION – SECTION C**

Use the findings from Section B to identify your actions to be taken in priority order, and complete any required safe systems of work/ procedures for manual handling if not already produced. These supporting documents should be attached to this risk assessment.

No.	Remedial Action	Responsible Person	Date to be completed
1			
2			
3			
4			
5			

<b>Assessment completed by (name and signature):</b>	
<b>Manager of job activity (name and signature):</b>	
<b>Date of assessment:</b>	
<b>Assessment review date:</b>	