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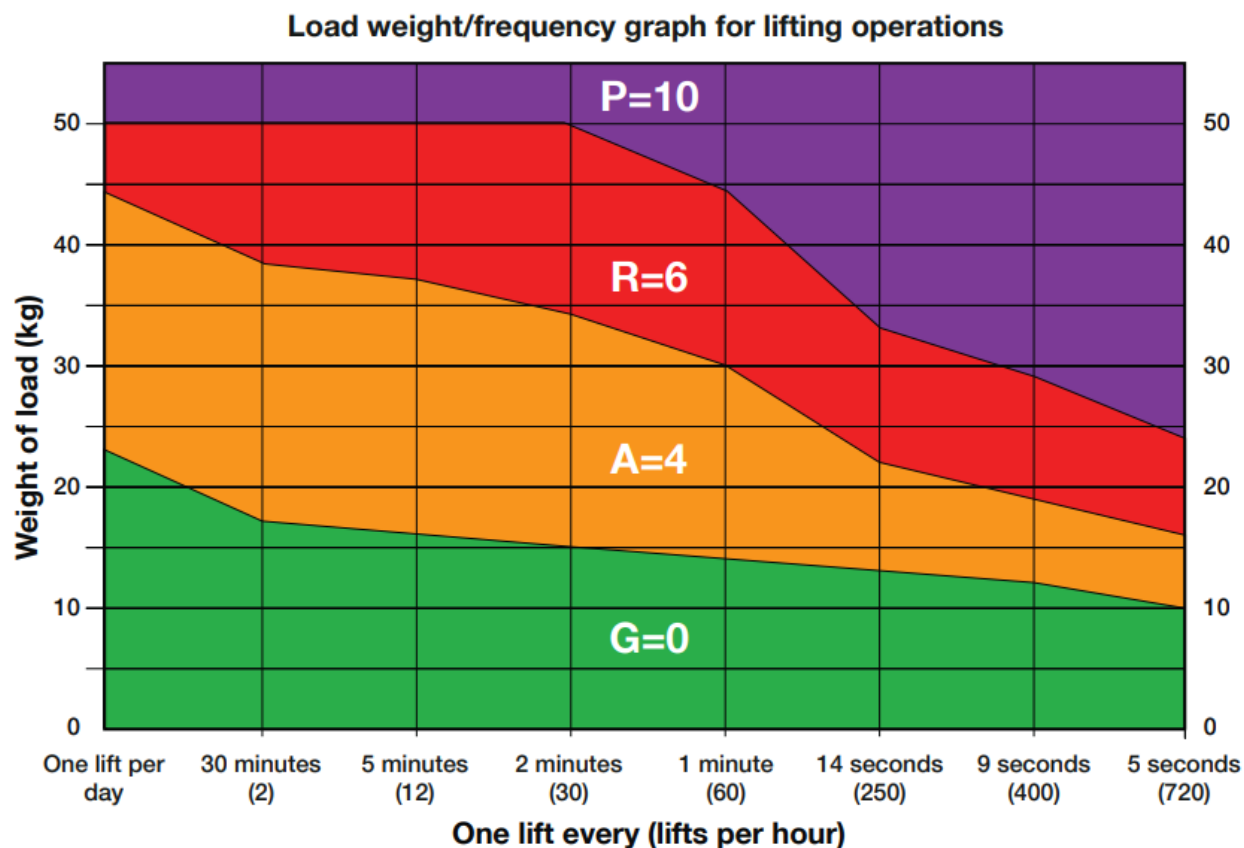
MANUAL HANDLING RISK ASSESSMENT FORM	MOD FORM 5012
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PART 1 – ADMINISTRATION							
Task Specific	<input type="checkbox"/>	Person Specific	<input type="checkbox"/>	Date		Issue No	
Assessment Number		Location					
Task Description							
Overall Risk Rating	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>	Very High <input type="checkbox"/>			
Frequency per day		Time per operation		Review Timeframe			
Has automation / mechanisation of the activity been considered and implemented:							
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If No, give details as to why this is not a practicable solution:			

PART 2 – UNIVERSAL FACTORS							
Factor	Low – 0		Medium – 1		High – 2		
Grip on the load	Good grip	<input type="checkbox"/>	Reasonable grip	<input type="checkbox"/>	Poor grip	<input type="checkbox"/>	
Postural, PPE or Clothing Constraints	No constraints	<input type="checkbox"/>	Restricted	<input type="checkbox"/>	Severely restricted	<input type="checkbox"/>	
Floor Surface	Good floor surface	<input type="checkbox"/>	Reasonable floor surface	<input type="checkbox"/>	Poor floor surface	<input type="checkbox"/>	
Environmental factors	No factors	<input type="checkbox"/>	One factor	<input type="checkbox"/>	Two or more factors	<input type="checkbox"/>	

UNIVERSAL FACTORS RISK SCORE		
Low	0 – 2	<input type="checkbox"/>
Medium	3 – 5	<input type="checkbox"/>
High	6 – 8	<input type="checkbox"/>

PART 3 – TYPE OF RISK ASSESSMENT		
Single Person Lift	<input type="checkbox"/>	Go to Part 3A
Single Person Carry	<input type="checkbox"/>	Go to Part 3B
Team Handling Operation	<input type="checkbox"/>	Go to Part 3C

PART 3A – SINGLE PERSON LIFT ASSESSMENT**Load weight / frequency score:**

(G) Low (0)	<input type="checkbox"/>	(A) Medium (4)	<input type="checkbox"/>	(R) High (6)	<input type="checkbox"/>	(P) Very High (10)	<input type="checkbox"/>
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SINGLE PERSON LIFT FACTORS

Factor	Low		Medium		High	
Hand distance from the lower back	Hands close to the lower back (0)	<input type="checkbox"/>	Hands at moderate distance from the lower back (3)	<input type="checkbox"/>	Hands far from the lower back (6)	<input type="checkbox"/>
Vertical lift zones	Hands between knee and elbow height (0)	<input type="checkbox"/>	Hands between knee and floor level (1) Or Hands between elbow and head height (1)	<input type="checkbox"/>	Hands at floor level or below (3) Or Hands at head height or above (3)	<input type="checkbox"/>
Torso twisting and sideways bending	Little or no torso twisting or sideways bending (0)	<input type="checkbox"/>	Torso twisted or torso bent sideways (1)	<input type="checkbox"/>	Torso both twisted AND bent sideways (2)	<input type="checkbox"/>

SINGLE PERSON LIFT RISK SCORE

Low	0 – 2	<input type="checkbox"/>
Medium	3 – 7	<input type="checkbox"/>
High	8 – 11	<input type="checkbox"/>

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ACTIVITY RISK RATING			
Single Person Lift Score	ACTIVITY RISK		
High	Medium <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>
Medium	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
Low	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Medium <input type="checkbox"/>
Universal Factors	Low	Medium	High

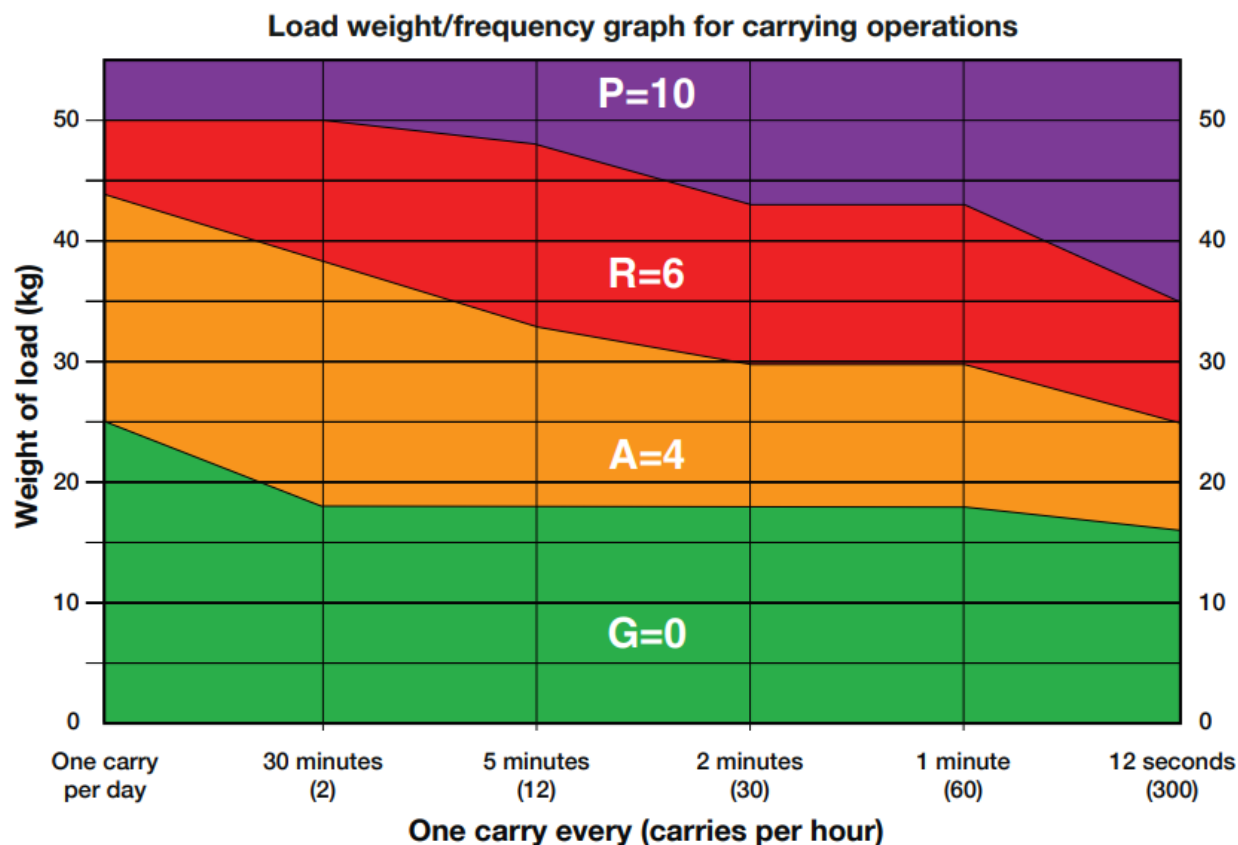
OVERALL RISK RATING				
Activity Risk Rating	OVERALL RISK			
High	Medium <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>	Very High <input type="checkbox"/>
Medium	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>	Very High <input type="checkbox"/>
Low	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
Load Weight / Frequency	Low	Medium	High	Very High

SINGLE LIFT – CONTROL MEASURES	
Factor	Control Measures
Grip on the load	
Postural, PPE or Clothing Constraints	
Floor Surface	
Environmental factors	
Hand distance from the lower back	
Vertical lift zones	
Torso twisting and sideways bending	
Weight / Frequency	
Other Factors	

PART 4 – SIGN OFF				
Overall Risk Rating	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>	Very High <input type="checkbox"/>

Assessor		Service / Staff Number		Rank / Grade	
Line Manager		Service / Staff Number		Rank / Grade	

REVIEW RECORD When review completed update the issue status on first page.							
Date		Name		Service / Staff Number		Rank / Grade	
Date		Name		Service / Staff Number		Rank / Grade	
Date		Name		Service / Staff Number		Rank / Grade	
Date		Name		Service / Staff Number		Rank / Grade	

PART 3B – SINGLE PERSON CARRY ASSESSMENT**Load weight / frequency score:**

(G) Low (0)	<input type="checkbox"/>	(A) Medium (4)	<input type="checkbox"/>	(R) High (6)	<input type="checkbox"/>	(P) Very High (10)	<input type="checkbox"/>
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SINGLE PERSON CARRY FACTORS

Factor	Low		Medium		High	
Hand distance from the lower back	Hands close to the lower back (0)	<input type="checkbox"/>	Hands at moderate distance from the lower back (3)	<input type="checkbox"/>	Hands far from the lower back (6)	<input type="checkbox"/>
Asymmetrical torso or load	Load AND hands symmetrical in front of the torso (0)	<input type="checkbox"/>	Torso symmetrical but load is carried to one side OR load not symmetrical (1)	<input type="checkbox"/>	Two handed-carrying to the side (2)	<input type="checkbox"/>
Carry Distance	2m – 4m (0)	<input type="checkbox"/>	4m – 10m (1)	<input type="checkbox"/>	Over 10m (2)	<input type="checkbox"/>
Obstacles on route	No obstacles AND carry route flat or gentle slopes only (0)	<input type="checkbox"/>	One type of obstacle OR steep slope (2)	<input type="checkbox"/>	Ladders OR at least two types of obstacle (3)	<input type="checkbox"/>

SINGLE PERSON CARRY RISK SCORE

Low	0 – 4	<input type="checkbox"/>
Medium	5 – 9	<input type="checkbox"/>
High	10 – 15	<input type="checkbox"/>

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ACTIVITY RISK RATING			
Single Person Carry Score	ACTIVITY RISK		
High	Medium <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>
Medium	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
Low	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Medium <input type="checkbox"/>
Universal Factors	Low	Medium	High

OVERALL RISK RATING				
Activity Risk Rating	OVERALL RISK			
High	Medium <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>	Very High <input type="checkbox"/>
Medium	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>	Very High <input type="checkbox"/>
Low	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
Load Weight / Frequency	Low	Medium	High	Very High

SINGLE PERSON CARRY – CONTROL MEASURES	
Factor	Control Measures
Grip on the load	
Postural, PPE or Clothing Constraints	
Floor Surface	
Environmental factors	
Hand distance from the lower back	
Asymmetrical torso or load	
Carry distance	
Obstacles on route	
Weight / Frequency	
Other Factors	

PART 4 – SIGN OFF				
Overall Risk Rating	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>	Very High <input type="checkbox"/>

Assessor		Service / Staff Number		Rank / Grade	
Line Manager		Service / Staff Number		Rank / Grade	
REVIEW RECORD When review completed update the issue status on first page.					
Date		Name		Service / Staff Number	
				Rank / Grade	
Date		Name		Service / Staff Number	
				Rank / Grade	
Date		Name		Service / Staff Number	
				Rank / Grade	
Date		Name		Service / Staff Number	
				Rank / Grade	

PART 3C – TEAM HANDLING OPERATION ASSESSMENT**Load weight score:**

2 people < 35 kg	2 people 35 – 65 kg	2 people 65 – 85 kg	2 people > 85 kg
3 people < 55 kg	3 people 55 – 95 kg	3 people 95 – 130 kg	3 people >130 kg
4 people < 75 kg	4 people 75 – 130 kg	4 people 130 – 170 kg	4 people > 170 kg
(G) Low (0) <input type="checkbox"/>	(A) Medium (4) <input type="checkbox"/>	(R) High (6) <input type="checkbox"/>	(P) Very High (10) <input type="checkbox"/>

TEAM HANDLING OPERATION FACTORS

Factor	Low	Medium	High
Hand distance from the lower back	Upper arms vertical AND torso upright. (0) <input type="checkbox"/>	Upper arms angled away from torso OR torso bent forward. (3) <input type="checkbox"/>	Upper arms angled away from torso AND torso bent forward. (6) <input type="checkbox"/>
Vertical lift zones	Hands between knee and elbow height (0) <input type="checkbox"/>	Hands between knee and floor level (1) Or Hands between elbow and head height (1) <input type="checkbox"/>	Hands at floor level or below (3) Or Hands at head height or above (3) <input type="checkbox"/>
Torso twisting and sideways bending	Little or no torso twisting or sideways bending (0) <input type="checkbox"/>	Torso either twisted OR bent sideways (1) <input type="checkbox"/>	Torso both twisted AND bent sideways (2) <input type="checkbox"/>
Carry Distance	2m – 4m (0) <input type="checkbox"/>	4m – 10m (1) <input type="checkbox"/>	Over 10m (2) <input type="checkbox"/>
Obstacles on route	No obstacles AND carry route flat or gentle slopes only (0) <input type="checkbox"/>	One type of obstacle OR steep slope (2) <input type="checkbox"/>	Ladders OR at least two types of obstacle (3) <input type="checkbox"/>
Communication co-ordination and control	Good communication, co-ordination and control (0) <input type="checkbox"/>	Reasonable communication, co-ordination and control (1) <input type="checkbox"/>	Poor communication, co-ordination and control (3) <input type="checkbox"/>

TEAM HANDLING RISK SCORE

Low	0 – 4	<input type="checkbox"/>
Medium	5 – 12	<input type="checkbox"/>
High	13 – 21	<input type="checkbox"/>

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ACTIVITY RISK RATING			
Team Handling Score	ACTIVITY RISK		
High	Medium <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>
Medium	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
Low	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Medium <input type="checkbox"/>
Universal Factors	Low	Medium	High

OVERALL RISK RATING				
Activity Risk Rating	OVERALL RISK			
High	Medium <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>	Very High <input type="checkbox"/>
Medium	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>	Very High <input type="checkbox"/>
Low	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
Load Weight	Low	Medium	High	Very High

TEAM HANDLING – CONTROL MEASURES	
Factor	Control Measures
Grip on the load	
Postural, PPE or Clothing Constraints	
Floor Surface	
Environmental factors	
Hand distance from the lower back	
Vertical lift zones	
Torso twisting and sideways bending	
Carry Distance	
Obstacles on route	
Communication co-ordination and control	
Weight	
Other Factors	

PART 4 – SIGN OFF				
Overall Risk Rating	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>	Very High <input type="checkbox"/>

Assessor		Service / Staff Number		Rank / Grade	
Line Manager		Service / Staff Number		Rank / Grade	

REVIEW RECORD When review completed update the issue status on first page.							
Date		Name		Service / Staff Number		Rank / Grade	
Date		Name		Service / Staff Number		Rank / Grade	
Date		Name		Service / Staff Number		Rank / Grade	
Date		Name		Service / Staff Number		Rank / Grade	