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MANUAL HANDLING RISK ASSESSMENT – PUSH / PULL (RAPP) FORM	MOD FORM 5012A
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PART 1 - ADMIN					
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 PUSH / PULL FACTORS					
Factor	Low		Medium		High
Posture	Torso is largely upright, not twisted and hands are between hip and shoulder height (0)	<input type="checkbox"/>	Body is inclined in direction of exertion, or Torso is noticeably bent or twisted, or Hands are below hip height (3)	<input type="checkbox"/>	Body is severely inclined, or worker squats, kneels or needs to push with their back against the load, or Torso is severely bent or twisted, or Hands are behind or on one side of body or above shoulder height (6)
Hand grip	There are handles or handhold areas which allow a comfortable power grip for pulling or comfortable full-hand contact for pushing (0)	<input type="checkbox"/>	There are handhold areas, but they only allow a partial grip, for example: fingers clamped at 90°, or partial hand contact for pushing (1)	<input type="checkbox"/>	There are no handles, or the hand contact is uncomfortable (2)
Work pattern	The work is not repetitive (fewer than five transfers per minute), and the pace of work is set by the worker (0)	<input type="checkbox"/>	The work is repetitive, but there is opportunity for rest or recovery through formal and informal breaks or job rotation (1)	<input type="checkbox"/>	The work is repetitive, and there are no formal breaks or job rotation opportunities provided (3)

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Floor Surface	Good floor surface (0)	<input type="checkbox"/>	Reasonable floor surface (1)	<input type="checkbox"/>	Poor floor surface (4)	<input type="checkbox"/>
Obstacles on route	No obstacles (0)	<input type="checkbox"/>	One type of obstacle but no steps or steep ramps (2)	<input type="checkbox"/>	Steps, steep ramps, or two or more other types of obstacle (3)	<input type="checkbox"/>
Other factors	No other factors present (0)	<input type="checkbox"/>	One factor present (1)	<input type="checkbox"/>	Two or more factors present (2)	<input type="checkbox"/>

UNIVERSAL FACTORS RISK SCORE		
Low	0 – 4	<input type="checkbox"/>
Medium	5 – 12	<input type="checkbox"/>
High	13 – 20	<input type="checkbox"/>

PART 3 – TYPE OF RAPP		
On Wheeled Equipment	<input type="checkbox"/>	Go to Part 3A
Loads Without Wheels	<input type="checkbox"/>	Go to Part 3B

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PART 3A – WHEELED					
Load weight score:					
Type of equipment	Low	Medium	High	Very High	Unacceptable:
Small - with 1 or 2 wheels	< 50 kg	50 – 100 kg	100 – 200 kg	> 200kg	Load exceeds equipment's rated capacity (manufacturer's recommended maximum weight)
Medium - with 3 or more wheels	< 250 kg	250 – 500 kg	500 – 750 kg	> 750 kg	
Large, steerable or running on rails	< 600 kg	600 – 1000 kg	1000 – 1500 kg	> 1500 kg	
Select:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note: If the load exceeds the equipment's rated capacity, stop, and redress this issue.					

WHEELED FACTORS						
Factor	Low		Medium		High	
Distance	< 10 m (0)	<input type="checkbox"/>	10 – 30 m (1)	<input type="checkbox"/>	> 30 m (6)	<input type="checkbox"/>
Condition of equipment	Maintenance is planned and preventative, AND equipment is in a good state of repair (0)	<input type="checkbox"/>	Maintenance occurs only as problems arise, OR equipment is in a reasonable state of repair (2)	<input type="checkbox"/>	Maintenance is not planned (there is no clear system in place), OR equipment is in a poor state of repair (4)	<input type="checkbox"/>

WHEELED RISK SCORE			
Low	0 – 1	<input type="checkbox"/>	
Medium	2 - 3	<input type="checkbox"/>	
High	5 – 10	<input type="checkbox"/>	

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ACTIVITY RISK RATING			
Wheeled 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
Weight	
Distance	
Condition of equipment	
Posture	
Hand grip	
Work pattern	
Floor Surface	
Obstacles on route	
Other factors	

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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	

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PART 3B – WITHOUT WHEELS				
Load weight score:				
Type of movement	Low	Medium	High	Very High
Rolling	< 400 kg	400 – 600 kg	600 – 1000 kg	> 1000kg
Churning (loads are moved by pivoting / rolling along the base edges)	< 80 kg	80 – 120 kg	120 – 150 kg	> 150 kg
Dragging / hauling or sliding	< 25 kg	25 – 50 kg	50 – 80 kg	> 80 kg
Select:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WITHOUT WHEELS FACTORS				
	Low	Medium	High	
Distance	< 2 m (0) <input type="checkbox"/>	2 – 10 m (1) <input type="checkbox"/>	> 10 m (3) <input type="checkbox"/>	

ACTIVITY RISK RATING				
Without Wheels 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

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TEAM HANDLING – CONTROL MEASURES	
Factor	Control Measures
Weight	
Distance	
Posture	
Hand grip	
Work pattern	
Floor Surface	
Obstacles on route	
Other factors	

SIGN PART 4 – 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

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