

Manual Handling of Loads: Checklist

<p>Job description:</p>	<p>Is an assessment needed?</p> <p>(E.g. is there a potential risk for injury, and are there factors beyond the limits of the guidelines?)</p> <p>Yes No (please circle)</p>
-------------------------	--

If Yes, continue. If No, the assessment need go no further.

Section A	
<p>Operations covered by this assessment (detailed description):</p> <p>Locations:</p> <p>Personnel involvement:</p> <p>Date of assessment:</p>	<p>Diagrams (other information):</p>

Section B –Detailed analysis
Section C – Remedial action to be taken

Section C	
<p>Remedial steps that should be taken, in order of priority:</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>4.....</p> <p>5.....</p> <p>6.....</p>	
<p>Date by which action should be taken:</p>	
<p>Date for reassessment:</p>	
<p>Assessor's name:</p>	<p>Signature:</p>

Section B – More detailed assessment, where necessary:

Questions to consider:	If yes, please tick appropriate level of risk			Problems occurring from the task	Remedial action – see priority list Section C	Residual risk		
	Low	Med	High			Low	Med	High
<p>The tasks – do they involve:</p> <ul style="list-style-type: none"> - Holding loads away from trunk? - Twisting - Stooping - Reaching upwards? - Large vertical movement? - Long carrying distances? - Strenuous pushing or pulling? - Unpredictable movement of loads? - Repetitive handling? 								
<p>The loads – are they:</p> <ul style="list-style-type: none"> - Heavy - Bulky/unwieldy? - Difficult to grasp? - Unstable/unpredictable? - Inherently harmful eg sharp/hot? 								
<p>The working environment – are there:</p> <ul style="list-style-type: none"> - Constraints on posture? - Poor floors? - Variations in levels? - Hot/cold/humid conditions? - Strong air movements? - Poor lighting conditions? 								
<p>Individual capability – does the job:</p> <ul style="list-style-type: none"> - Require unusual capability? - Hazard those with a health problem? - Hazard those who are pregnant? - Call for special information/training? 								
<p>Other factors:</p> <ul style="list-style-type: none"> - Is movement or posture hindered by clothing or personal protective equipment? 			Yes/No					