Manual Handling Risk Assessment Record

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| Regulation 4(1) of the Manual Handling Operations Regulations 1992 (MHOR) sets out a hierarchy of measures to reduce the risks of manual handling.   * avoid hazardous manual handling operations so far as is reasonably practicable; * assess any hazardous manual handling operations that cannot be avoided; * reduce the risk of injury so far as is reasonably practicable. |

Risk Rating Guidance

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| Injury rating | | Risk Factor Rating Bands | | | |
|  | | Add a colour to each risk factor where there is a ‘YES’ response in the table below | | | |
| Trivial | e.g., discomfort, slight bruising, self-help recovery | VERY LOW RISK | **LOW RISK** | **MEDIUM RISK** | **HIGH RISK** |
| Minor | e.g., small cut, abrasion, basic first aid need |  |  |  |  |
| **Moderate** | e.g., strain, sprain, incapacitation > 3 days | Unlikely to contribute to injury | Could contribute to trivial or minor injury | Could contribute to moderate injury | Likely or very likely to contribute to moderate injury OR Could contribute to serious injury or fatality |
| **Serious** | e.g., fracture, hospitalisation >24 hrs, incapacitation >4 weeks |
| **Fatal** | single or multiple fatalities |
| **All identified risk factors (where the answer is ‘YES’) must be considered in the risk assessment.** | | **Blue-rated factors require no additional controls but should continue to be monitored for any change in circumstance.** | Green-rated factors require additional controls where reasonably practicable and should be monitored for effectiveness. | Amber-rated factors require additional control measures to be put in place as soon as practicable and should be monitored for effectiveness. | All red-rated factors must be addressed before further work can be permitted. |

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| Risk Assessment of:  **Insert task and location** | |
| Assessor(s):  Insert name and role | Date:  Insert date of assessment |
| Overview of activity / location / equipment / conditions being assessed:  Insert description | |

**Risk Factor Identification and Rating**

| **The Load – Is it:** | **Yes / No** | **The Individuals – Does the job:** | **Yes / No** | **The Task - Does it involve:** | **Yes / No** | **The Environment – Are there:** | **Yes / No** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| * heavy? |  | * require unusual strength, height etc? |  | * holding or manipulating loads at distance from trunk? |  | * space constraints preventing ergonomic posture? |  |
| * bulky or unwieldy? |  | * create a hazard to those who might reasonably be considered to be pregnant or to have a health problem or other vulnerability? |  | * unsatisfactory bodily movement or posture, especially: |  | * uneven, slippery or unstable floors? |  |
| * + twisting the trunk? |  |
| * + Stooping? |  |
| * + Reaching upwards? |  |
| * Difficult to grasp? |  | * Require special information or training for its safe performance? |  | * excessive movement of loads, especially:   + Excessive lifting or lowering distances?   + Excessive carrying distances?   + Excessive pushing or pulling of loads? |  | * Variations in level of floors or work surfaces? |  |
| * Unstable, or with contents likely to shift? |  | * Is movement or posture hindered by personal protective equipment or by clothing? |  | * Frequent or prolonged physical effort? | Y | * Extremes of temperature or humidity? |  |
| * Sharp, hot or otherwise potentially damaging? (such as a hazardous chemical product) |  |  |  | * Insufficient rest or recovery periods? |  | * Conditions causing ventilation problems or gusts of wind? |  |
|  |  |  |  | * A rate of work imposed by a process? |  | * Poor lighting conditions? |  |
|  |  |  |  | * Use of vibrating equipment? |  | * Doors along the route? |  |
|  |  |  |  | * Use of lifting equipment? |  | * Other people / other activities in the area? |  |
|  |  |  |  |  |  | * Hazards associated with the storage of items? |  |

**Assessment of risk factors**

**Add additional rows if required, by selecting (clicking) to the right of a row and pressing the Return key. Do this for each row you need to add.**

| # | Hazard(s) identified | Persons affected and how | Existing controls & measures | Additional controls required |
| --- | --- | --- | --- | --- |
| 1 | Factors relating to the TASK | | |  |
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| 2 | Factors relating to the INDIVIDUALS | | | |
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| 3 | Factors relating to the LOAD | | | |
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| 4 | Factors relating to the ENVIRONMENT | | | |
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| Assessor signature: | Print name: | **Review date:** |

**Risk Assessment Action Plan**

Copy each additional control identified in the final column of the assessment above into the first column of the table below and use this list to inform the Actions you need to take to control the risks to an acceptable level.

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| --- | --- | --- | --- | --- | --- |
| Action Plan in respect of: | | | | | Prepared by: |
| Additional Controls required | Action to be taken, incl. cost where relevant | By whom | Target date | Review date | Outcome at review date |
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|  |  |  |  |  |  |
| Line manager’s signature:  Print name:  Date of assessment and action plan: | | | | | Line manager’s signature:  Print name:  Date of review: |