

Intructions for Use of the Excel Spreadsheet

There are three tabs at the bottom of this worksheet

Instructions tab is the one you are reading

Title Tab

TITLE Tab is the front cover page of the Risk Assessment

Simply insert your Company Name, Date and Assessor name where indicated

Print the front cover once you have completed your Audit

Do not enter any data other than Company name, Date and Assessor - the data will copy from the risk assessment details

Audit Details Tab

Read each section and answer the questions

Enter Data ONLY in the white coloured boxes for each question

Enter a score for each question as indicated

Enter comments in the comments box

Once complete simply print off both the Title Page and the Audit Details pages

Note you may need to change your printer settings

You have now completed your Health & Safety Risk Assessment

Health & Safety

The Manual Handling Operations Regulations 1992

Risk Assessment

Date	
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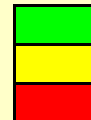
Company Name	
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Assessor	
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Performance Acceptable - Low risk of manual Handling injury - no action required

Performance marginal - Medium Risk of Manual Handling Injury - ongoing action required

Performance not acceptable - High Risk of Manual Handling Injury - urgent action required



Risk Assessment Findings

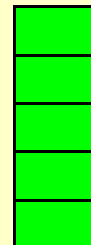
The Task

The Load

The Environment

Individual Capabilities

Other Factors



Manual Handling Risk Assessment

Question	Scoring - Score as indicated	Score	Risk Factor	Comments
The Task				
Does it involve holding the load away from the trunk?	No	0		
	Partially	2		
	Arms length	3		
Does it involve twisting the torso?	No	0		
	< 45 °	1		
	45 - 90 °	2		
	> 90 °	3		
Does it involve stooping and bending?	No	0		
	< 30cm	1		
	30 - 60cm	2		
	> 60cm	3		
Does it involve reaching upwards above shoulder height?	No	0		
	< 30cm	1		
	< 60cm	2		
	> 60cm	3		
Does it involve large vertical movements?	No	0		
	< 30cm	1		
	< 60cm	2		
	> 60cm	3		
Does it involve long carrying distances?	No	0		
	< 1.5m	1		
	1.5 - 5m	2		
	> 5m	3		
Does it involve strenuous pushing or pulling?	No	0		
	< 50kg	1		
	50 - 100 kg	2		
	> 100kg	3		
Does it involve unpredictable movements of load?	No	0		
	Yes	3		
Does it involve repetitive handling?	No	0		
	0 - 5 repeats per min	1		
	5 - 10 repeats per min;	2		

Manual Handling Risk Assessment

Question	Scoring - Score as indicated	Score	Risk Factor	Comments
	> 10 repeats per min	3		
Does it involve insufficient rest or recovery	No	0		
	Yes	3		
Does it involve a work rate imposed by a process	No	0		
	Yes	3		
		0	0	
The Load				
Is the load heavy?	< 5KG	0		
	5 - 15KG	1		
	15 - 20KG	2		
	> 20KG	3		
Is the load bulky or unwieldy?	30 CM ³	0		
	60 CM ³	1		
	1 M ³	2		
	> 1 M ³	3		
Is the load difficult to grasp?	No	0		
	HANDLES PROVIDED	1		
	NO HANDLES BUT MANAGEABLE	2		
	NO HANDLES AND DIFFICULT	3		
Is the load unstable or unpredictable?	STABLE	0		
	UNSTABLE	3		
Is the load intrinsically harmful (hot, sharp)?	NO	0		
	YES	3		
			0	

Manual Handling Risk Assessment

Question	Scoring - Score as indicated	Score	Risk Factor	Comments
The Environment				
Is there constraints on space giving rise to poor posture?	NO	0	0	
	YES	3		
Are there poor floors?	NO	0	0	
	SLIGHTLY UNEVEN, SLIPPERY	1		
	UNEVEN / SLIPPERY	3		
Are there variations in level?	NO	0	0	
	YES	3		
Are there hot/cold/humid conditions?	NO	0	0	
	MILDLY UNCOMFORTABLE	1		
	VERY UNCOMFORTABLE	3		
Is there strong air movement?	NO	0	0	
	YES	3		
Is there poor lighting conditions?	NO	0	0	
	GLOOMY	1		
	DARK	3		
			0	
Individual Capabilities				
Does the task require unusual strength for the individual?	NO	0	0	
	YES	3		
Does the task present a problem to those with health problems or special circumstances ?	NO	0	0	
	YES	3		
Is the individual in a vulnerable group. Example: Pregnant women, previous back injury etc	NO	0	0	
	YES	3		
Does the task require special training in order to perform ?	NO	0	0	
	YES	3		
			0	

Manual Handling Risk Assessment

Question	Scoring - Score as indicated	Score	Risk Factor	Comments
Other Factors				
Is the movement hindered by clothing or personal protective equipment?	NO	0	0	
	YES	3		
Is there an absence of the correct/suitable PPE being worn?	No	0	0	
	Yes	3		
Do workers feel that there has been a lack of consideration given to the planning and scheduling of tasks or rest breaks	No	0	0	
	Partially	2		
	Yes	3		
Do workers feel that there is poor communication between managers and employees (Eg not involved in risk assessments or decisions on changes in workstation design	NO	0	0	
	Partially	2		
	Yes	3		
Are sudden changes in workload, or seasonal changes in volume without mechanisms for dealing with the change	No	0	0	
	Partially	2		
	Yes	3		
Do workers feel they have not been given enough training and information to carry out the task successfully	No	0	0	
	Partially	2		
	Yes	3		
			0	