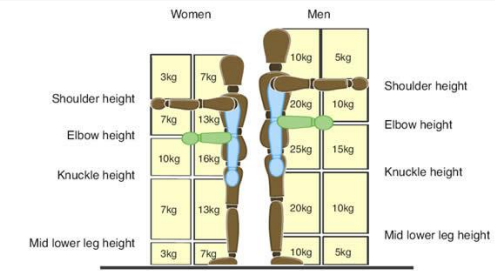


Task Analysis Details		Description of Operation Being Assessed														
People at Risk		Members of the Public		Office Staff		Employees		Visitors		Contractors		Unauthorised Persons				
A: Assessment						Yes	No	B: Checklist Continued				L=Low, M=Medium, H= High Risk				
Does the operation involve a significant risk of injury?								Individual Capabilities – Does the Job				Y/N	L	M	H	Notes & Comments
If NO the assessment need go no further.								21. Require unusual capabilities								
If YES can the operation be avoided, mechanised?								22. Require special information/training								
If YES record the steps in Sections C & D and review.								23. Involve handlers who are pregnant								
Has the risk of injury been eliminated or reduced to an appropriate level?								24. Involve handlers with health problems								
If YES the assessment is complete. If NO a full assessment needs to be done.								Other Factors								
B: Checklist		L=Low, M=Medium, H=High Risk				25. Is there any protective clothing or items being worn that may increase the risk?										
The Task – Does it Involve:		Y/N	L	M	H	Notes & Comments		C: Details of Risk Factors Identified								
1	Holding the load away from the trunk?							Overall Perceived Risk of Injury:				Low		Medium		High
2	Twisting the trunk?							Existing Safety Measures Required to Manage Risk								
3	Poor posture i.e. stooping/stretching?															
4	Strenuous pushing or pulling?															
5	Excessive lifting or lowering?															
6	Repetitive handling?							If HIGH RISK is identified in any of the above, then the Manager must reduce the risk.								
7	Excessive carrying distances?							D: Remedial Actions Taken: (to remove risk, reduce to the lowest level)								
8	Insufficient time to recover?															
9	An excessive work rate imposed–proces															
The Load – is it:																
10	Heavy?															
11	Bulky or unwieldy?															

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Manual Handling Assessment

12	Difficult to grasp?									E: Managers Comments:
13	Unstable or the contents likely to shift?									
14	Potentially harmful e.g. hot, sharp?									
The Working Environment – are there?										
15	Constraints on posture?									F: Associated Safety Documentation
16	Uneven, unstable floors?									
17	Variations in floor levels/work surfaces?									
18	Extremes of temperature, humidity?									
19	Poor lighting conditions?									
20	Excessive noise levels or air movements									



Assessors Name:

Assessors Signature:

Date: