**MANUAL HANDLING RISK ASSESSMENT**

**TEMPLATE (MHRA1)**

**Part A**

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| **DEPARTMENT/ SERVICE**  |  |
| **Assessor/ Person(s) assisting with the assessment** |       |
| **Manual handling task or activity description** (Include duration of task/activity) |  |
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| **Persons / Groups at Risk** |
| **A** | Employees |
| **B** | New Employees |
| **C** | Contractors / Sub-Contractors |
| **D** | Young person / Work experience |
| **E** | General Public / Pupils |
| **F** | Visitors |
| **G** | Volunteers |
| **H** | Clients / Service users |

|  |  |
| --- | --- |
| **Likelihood of Occurrence** | **Severity of Outcome** |
| 1Negligible | 2Slight | 3Moderate | 4Severe | 5Very Severe |
| 1Very Unlikely | **LOW (1)** | **LOW (2)** | **LOW (3)** | **LOW (4)** | **LOW (5)** |
| 2Unlikely | **LOW (2)** | **LOW (4)** | **LOW (6)** | **MEDIUM (8)** | **MEDIUM (10)** |
| 3Possible | **LOW (3)** | **LOW (6)** | **MEDIUM (9)** | **HIGH (12)** | **HIGH (15)** |
| 4Probable | **LOW (4)** | **MEDIUM (8)** | **HIGH (12)** | **HIGH (16)** | **HIGH (20)** |
| 5Very Likely | **LOW (5)** | **MEDIUM (10)** | **HIGH (15)** | **HIGH (20)** | **HIGH (25)** |
| **Likelihood of occurrence X Severity of outcome = Risk Rating****Example:****Likelihood (possible 3) X Severity (Moderate 3) = Risk Rating (Medium 9)** |

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**Part B**

| **What are the hazards** | **Affected persons****groups** | **What are the existing control measures** | **Risk rating**(refer to chart) | **Further action required to eliminate or reduce the risk**(who by and Date) | **Residual risk****rating**(refer to chart) |
| --- | --- | --- | --- | --- | --- |
| **Does the task involve**[ ]  Holding loads away from the trunk [ ]  Twisting [ ]  Stooping [ ]  Reaching upwards [ ]  Large movements[ ]  Long carrying distance[ ]  One- handed grips[ ]  Strenuous pushing and pulling [ ]  Unpredictable movement [ ]  Repetitive handling [ ]  A work rate imposed by a process[ ]  Insufficient rest or recovery [ ]  Other – describe        |       |       |       |       |       |
| **Are the loads** [ ]  Heavy [ ]  Bulky /unwieldy[ ]  Difficult to grasp[ ]  Unstable/unpredictable[ ]  Large[ ]  Soft[ ]  Smelly[ ]  Dirty [ ]  Textured[ ]  A pressurised container [ ]  Intrinsically harmful (cold, hot, sharp)[ ]  Other – describe       |       |       |       |       |       |
| **Does the work environment have**[ ]  Constraints on posture[ ]  Floors in poor condition [ ]  Variations in levels[ ]  Hot/Cold/humid conditions[ ]  Strong air movements[ ]  Poor lighting conditions[ ]  Poor ventilation [ ]  Confined or congested workspaces[ ]  Working at height[ ]  Working at depths[ ]  Other – describe       |       |       |       |       |       |
| **Individuals capability: does the job**[ ]  Require unusual capability i.e. strength or height[ ]  A hazard to those with disability [ ]  A hazard to those with health problems [ ]  A hazard to those who are pregnant[ ]  A hazard for young persons[ ]  Require special information and training[ ]  Other – describe        |       |       |       |       |       |
| **Storage**[ ]  Work areas untidy and or unclean[ ]  Items are badly stacked or piled excessively high[ ]  Shelves racking unsuitable, poorly organised [ ]  Other – describe       |       |       |       |       |       |
| **Other Factors****[ ]** PPE and or clothing restricting movement [ ]  3rd party activity impacting on task[ ]  Seasonal changes causing problems for workload[ ]  Other – describe        |       |       |       |       |       |

**Part C**

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| **Links to other risk assessments and or safe working instructions - please state** |       |
| **Name and SignWhen the assessment is complete it should be signed to say that is the case and all identified actions have been implemented** |       | **Date** |
|       |
| **Review -** Before work starts, it is important to consider the content on this risk assessment to ensure it still valid.For example, are there any significant changes, additions or omissions at the site not identified on the assessment? Are there any additional hazards or risks?Please record any changes required and or action taken, then date and sign  |
| **Reviewer Name & Date** |       | **Notes**  |       |
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| **Reviewer Name & Date** |       | **Notes**  |       |
| **Reviewer Name & Date** |       | **Notes** |       |

Issued by Occupational Safety Team

Date of Issue: August 2016

Last Revised: June 2017

Reviewed: October 2021