**MANUAL HANDLING RISK ASSESSMENT**

**TEMPLATE (MHRA1)**

**Part A**

|  |  |
| --- | --- |
| **DEPARTMENT/ SERVICE** |  |
| **Assessor/ Person(s) assisting with the assessment** |  |
| **Manual handling task or activity description**  (Include duration of task/activity) |  |
| |  |  | | --- | --- | | **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** | | | | | | 1  Negligible | 2  Slight | 3  Moderate | 4  Severe | 5  Very Severe | | 1  Very Unlikely | **LOW (1)** | **LOW (2)** | **LOW (3)** | **LOW (4)** | **LOW (5)** | | 2  Unlikely | **LOW (2)** | **LOW (4)** | **LOW (6)** | **MEDIUM (8)** | **MEDIUM (10)** | | 3  Possible | **LOW (3)** | **LOW (6)** | **MEDIUM (9)** | **HIGH (12)** | **HIGH (15)** | | 4  Probable | **LOW (4)** | **MEDIUM (8)** | **HIGH (12)** | **HIGH (16)** | **HIGH (20)** | | 5  Very 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)** | | | | | | | |

**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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Links to other risk assessments and or safe working instructions - please state** | |  | | | |
| **Name and Sign When 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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