

GB12 Manual handling assessment

Section A - Preliminary

Company name		Project title	
Location		Contract no.	
Task name			
Task description			
Load weight			
Frequency of lift			
Carry distances (if applicable)			
Are other manual handling tasks carried out by these workers?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is an assessment needed?	Yes*	<input type="checkbox"/>	No <input type="checkbox"/>
Has the assessment been discussed with employees/safety representatives?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
* An assessment will be needed if there is a potential risk of injury. If 'Yes' continue. If 'No' the assessment need go no further			
Operations covered by this assessment (detailed description)			
Locations			
Personnel involved			
Date of assessment			
Diagrams (other information, including existing control measures)			
Overall assessment of the risk of injury*?	Low	<input type="checkbox"/>	Medium <input type="checkbox"/>
			High <input type="checkbox"/>
* Make your overall assessment after you have completed Section B			

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GB12 Manual handling assessment *continued*

Section B – Lifting and carrying – more detailed assessment, where necessary

Questions to consider	If yes, tick appropriate level of risk			Problems occurring from the task (such as back injury, trips, loads being dropped from height, etc.)	Possible remedial action (such as changes to be made to the task, load, working environment, etc.)
	Low	Med	High		
Do the tasks involve:					
holding loads away from trunk?					
twisting?					
stooping?					
reaching upwards?					
large vertical movement?					
long carrying distances?					
strenuous pushing or pulling?					
unpredictable movement of loads?					
repetitive handling?					
insufficient rest or recovery?					
a work rate imposed by a process?					
Are the loads:					
heavy?					
bulky or unwieldy?					
difficult to grasp?					
unstable or unpredictable?					
naturally harmful (for example, sharp or hot)?					
Consider the working environment – are there:					
any obstructions, space constraints or trip hazards that should be removed?					
constraints on posture?					
slippery surfaces? (Consider the varying weather, such as rain, frost, ice and morning dew.)					
variations in levels (for example, steps, stairs or slopes)?					

GB12 Manual handling assessment *continued*

Questions to consider	If yes, tick appropriate level of risk			Problems occurring from the task (such as back injury, trips, loads being dropped from height, etc.)	Possible remedial action (such as changes to be made to the task, load, working environment, etc.)
	Low	Med	High		
Consider the working environment - are there (continued):					
hot, cold or humid conditions?					
strong air movements?					
poor lighting conditions?					
Consider individual capability - does the job:					
require unusual capability?					
pose a risk to those with a health problem or a physical or learning difficulty?					
pose a risk to those who are pregnant?					
require special information or training?					
Other factors to consider					
Protective clothing					
Is movement or posture hindered by clothing or personal protective equipment (PPE)?					
Is the correct or suitable PPE not being worn?					
Work organisation (psychosocial factors)					
Do workers feel that there has been a lack of consideration given to the planning and scheduling of tasks and rest breaks?					
Do workers feel that there is poor communication between managers and employees (e.g. a lack of involvement in risk assessments or decisions on changes in lifting procedures)?					
Are there sudden changes in workload, or seasonal changes in volume, without mechanisms for dealing with the change?					
Do workers feel they have not been given enough training and information to carry out the task successfully?					

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GB12 Manual handling assessment *continued*

Section C - Remedial action to be taken

Remedial steps that should be taken, in order of priority	Person responsible for implementing controls	Target implementation date	Completed	
			Yes	No
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
Date by which actions should be completed				
Date for review of assessment				
Name	Position	Signature	Date	

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Take action... and check that it has the desired effect.