

Manual Handling Checklist

	Y	N	Immediate Action Taken to Make Safe	Further Action Required to Make Safe
Does the task involve:				
Holding the load away from your body	<input type="checkbox"/>	<input type="checkbox"/>		
Stooping	<input type="checkbox"/>	<input type="checkbox"/>		
Repetitive handling	<input type="checkbox"/>	<input type="checkbox"/>		
Insufficient rest periods	<input type="checkbox"/>	<input type="checkbox"/>		
Twisting	<input type="checkbox"/>	<input type="checkbox"/>		
Reaching above shoulder height	<input type="checkbox"/>	<input type="checkbox"/>		
Lifting from ground level	<input type="checkbox"/>	<input type="checkbox"/>		
Strenuous pushing	<input type="checkbox"/>	<input type="checkbox"/>		
Strenuous pulling	<input type="checkbox"/>	<input type="checkbox"/>		
Team lifts	<input type="checkbox"/>	<input type="checkbox"/>		
A work rate imposed by production needs	<input type="checkbox"/>	<input type="checkbox"/>		
Is the load:				
Heavy	<input type="checkbox"/>	<input type="checkbox"/>		
Bulky or unwieldy	<input type="checkbox"/>	<input type="checkbox"/>		
Likely to move in an unpredictable way	<input type="checkbox"/>	<input type="checkbox"/>		
Difficult to grasp firmly	<input type="checkbox"/>	<input type="checkbox"/>		
Slippery	<input type="checkbox"/>	<input type="checkbox"/>		
Hot / cold	<input type="checkbox"/>	<input type="checkbox"/>		
Exposing handlers to sharps (edges, staple etc)	<input type="checkbox"/>	<input type="checkbox"/>		

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Does the handler:				
Have any medical conditions that might limit his/her ability to lift without risk to their health (including pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>		
Have any strength limitations that might preclude them from being able to complete this task safely	<input type="checkbox"/>	<input type="checkbox"/>		
Need manual handling training	<input type="checkbox"/>	<input type="checkbox"/>		
Have any manual handling limitations due to their PPE, clothing or footwear	<input type="checkbox"/>	<input type="checkbox"/>		
 Does the environment hinder handling through:				
Insufficient space to be able to raise, lower and carry using an appropriate posture and without interfering with other workers or equipment	<input type="checkbox"/>	<input type="checkbox"/>		
Inappropriate floor surfaces in poor condition or with slip and trip hazards	<input type="checkbox"/>	<input type="checkbox"/>		
Inappropriate stairs or other means of changing levels	<input type="checkbox"/>	<input type="checkbox"/>		
Excessively hot, cold or humid conditions	<input type="checkbox"/>	<input type="checkbox"/>		
Poor lighting	<input type="checkbox"/>	<input type="checkbox"/>		
Strong air movements	<input type="checkbox"/>	<input type="checkbox"/>		
Are there any other factors that might impact on the manual handling task	<input type="checkbox"/>	<input type="checkbox"/>		

Where the answer to any of the above questions is YES action must be taken to mitigate the risks. Where immediate action cannot be taken to make the task safe it should be stopped until further measures can be taken. Where there is significant risk the task should be subject to a thorough risk assessment.

Assessors Name:

Assessors Signature:

Date of Assessment:

Planned Review Date: