# Manual Handling Risk Assessment Form template MH1

## Introduction

This risk assessment form can be used for all manual handling tasks where it is considered that the task places an employee or student at risk of injury. If the load is considered small enough and light enough as to be easily moved safely by one person repetitively without risk of sprain or strain, then it is not necessary to complete this form. This assessment should be carried out with the aid and consultation of the operatives.

All operatives who are required to carry out manual handling of loads should receive adequate training in manual handling. Online training is available at <http://www.ed.ac.uk/health-safety/training/e-learning/cardinus/smhp> for all staff.

|  |  |
| --- | --- |
| Location: |  |
| Description of task: |  |

## Section 1

Can the manual handling task be avoided?

* By rearranging the work procedures Y/N
* By rearranging storage areas Y/N
* By automating the process Y/N
* Other Y/N

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| If Yes marked at any of the above, specify requirements, ensure implementation and finish assessment by completing Section 8: |
| If all **No** chosen continue assessment. |

## Section 2

Identifying the risk involved in the task – choose all that apply

1. The Load
	1. Is heavy Y/N
	2. Is bulky Y/N
	3. Is of an awkward shape Y/N
	4. Is of a large size Y/N
	5. Has uneven weight distribution Y/N
	6. Is hot/cold to touch Y/N
	7. Is slippery Y/N
	8. Is liable to shift (liquid/animate) Y/N
	9. Has sharp edges Y/N
	10. Has other hazard potential Y/N – please specify
2. The task involves:
	1. Twisting Y/N
	2. Reaching Y/N
	3. Stooping Y/N
	4. Bending Y/N
	5. Lifting whilst seated Y/N
	6. Holding/moving loads away from trunk Y/N
	7. Lifting above head height Y/N
	8. Excessive lowering distances Y/N
	9. Excessive carrying distances Y/N
	10. Repetitive movement Y/N
	11. A rate of work imposed by a process Y/N
	12. Other hazardus factors Y/N – please specify
3. The environment, are there any features of the environment which may increase the risk factors?
	1. Space constraints Y/N
	2. Uneven or slippery floors Y/N
	3. Stairs/steps/ramps to negotiate Y/N
	4. Extremes of temperature Y/N
	5. Poor lighting Y/N
	6. Ventilation issues Y/N
	7. Windy conditions Y/N
	8. Other Y/N – please specify
4. The operative, is there an existing medical condition either disclosed by the operative or known to management which may be adversely affected by performing the task? Y/N
	1. Please specify

If Section 2 (d) results in a Yes response, consider if the limitations can be accommodated with an adjustment that is deemed reasonable or, if required, management may refer the individual to the Occupational Health Service (OHS) for assessment of the functional capacity of the individual concerned, and relevant advice regarding potential for adjustments.

[Management Referral | The University of Edinburgh](https://www.ed.ac.uk/health-safety/occupational-health/managers/referral/management-referral)

1. Is any item of clothing worn by a proposed operative likely to increase the risk of injury?
	1. Restrictive clothing Y/N
	2. Non-supportive shoes Y/N
	3. Good clothing / dirty load Y/N
	4. Loose jewellery/other loose items Y/N
	5. Other Y/N – please specify

## Section 3

1. Has the operator(s) read the [Framework: Arrangements document, section 11 Manual handling of Loads](http://www.docs.csg.ed.ac.uk/Safety/Policy/Framework_-_Arrangements.pdf)? Y/N

If No please ensure their attention is drawn to this information.

1. Is special instruction or training required in respect of:
	1. Lifting techniques Y/N
	2. To operate mechanical aids Y/N
	3. Slinging techniques Y/N
	4. Load type or content Y/N
	5. Other specific risk reduction Y/N – please specify

Where the need for specialist training has been identified, please ensure it has been conducted in-house by a competent person or by an external specialist agency.

It should be noted that certain mechanical aids (e.g. Fork lifts, Powermate moving system, Hydraulic platforms, etc.) may only be operated by persons who have received specialist training and hold the relevant certification, which must be in date.

## Section 4

Reducing the risk highlighted in the previous sections

|  |  |  |  |
| --- | --- | --- | --- |
| State level of risk assigned to this task at present without any further risk reducing measures; | Low | Med | High |

1. Can the risks from the hazards identified in previous sections be reduced by:
	1. ordering smaller sizes/weights of product/load Y/N
	2. Dividing the load into more manageable and lighter sections Y/N
	3. Protecting hazardous areas of load (padding, packaging etc.) Y/N
	4. The assistance of colleagues Y/N
	5. Introduction of mechanical aids (sack truck, trolley, hoist etc.) Y/N
	6. Provision of personal protective equipment (PPE) (hand, foot, head other) Y/N
	7. Introducingg rest periods Y/N
	8. Reorganising area layout Y/N
	9. Use of alternative route Y/N
	10. Removing items of risk Y/N
	11. Wearing appropriate clothing (sensible footwear, overalls etc.) Y/N

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| Specify actions to be taken to reduce risk by methods denoted by Yes above: |

## Section 5

|  |
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| Summary actions to be taken to reduce risk by methods denoted by Yes in all sections above: |

## Section 6

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| Details of the Safe System of work relayed to operatives (Method by which they are to carry out the task with the minimum of risk – see SSW form at end of assessment, Section 8): |

|  |  |  |  |
| --- | --- | --- | --- |
| State level of risk assigned to this task **AFTER** implementation of the risk reduction measures taken as a result of this risk assessment | Low | Med | High |

|  |  |  |
| --- | --- | --- |
| Is such risk level deemed to be at the lowest level reasonably practicable? | Yes | No |
| If no, state reason for acceptance of a higher level of risk (e.g. temporary whilst awaiting building works or finance): |

## Section 7

|  |
| --- |
| This assessment should be reviewed on **[Insert date]** or immediately if any of the above circumstances change, for example change in staff or after an accident. |
| **Assessor** | **Signature** | **Date** |

## Section 8

Once all risk reducing measures required to be taken as a result of this assessment are addressed and implemented, a written safe system of work (as outlined in Section 6) should be documented on the Safe System of Work (Manual Handling Operations) form below and a copy of that form given to the operative. Their signature should be appended to the master copy which should be kept on file along with this risk assessment.

WHEN COMPLETED THIS FORM SHOULD BE RETURNED TO YOUR SCHOOL SAFETY ADVISER/LINE MANAGER FOR ANY NECESSARY ACTION OR FILING.

Safe System of Work (Manual Handling Operations)

Your duties may require that you are involved in the task described below, which contains within it certain hazardous elements of manual handling that have the potential to cause injury. This task has been subject to risk assessment and the following Safe System of Work developed to ensure that if followed the risk of injury is reduced to the lowest level reasonably practicable.

|  |
| --- |
| Task description: |
| Location(s): |
| Safe System of Work: |
| List any mechanical aids (e.g. trolleys) that must be used: |

I understand that I may be involved in the manual handling task covered by this safe system of work. I have read the above prescribed safe system of work, which I fully understand, and hereby undertake to adhere to in the interest of my own health and safety and that of others who may be affected by my actions.

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date |
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## Document version

| Version number | Summary of change | Date and by whom |
| --- | --- | --- |
| V1.0 Final | Refresh of format with minor content change and new template | 10/04/2023 C Schmid |
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