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Manual Handling

Assessment Checklist

Assessment Carried out by:	
Department/Location:	
Duty Holder Name:	

Document Downloaded:	
Assessment:	

Description	Possible Action	Responsibility for Action	Target Date	Completion Date	Initials
1. ITEMS TO BE HANDLED					
If: People are required to lift items that are: Heavy, bulky/awkward shape/s	Breakdown into smaller quantities before lifting				
	Buy smaller or more concentrated quantities				
	Use lifting aids, e.g. trolleys/lifts				
	Get assistance with the job				
	Arrange for deliveries to be put close to the point of use				
	Keep heavy items at easily accessible heights e.g. waist				
	Decant into easier to move containers				
	<<Other Action>>				
Liquids	Dry off wet items				
	Seal containers of liquids if possible				
	Do not over fill containers				
	<<Other Action>>				
Hot	Allow hot containers to cool				
	Use gloves/cloths				

Description	Possible Action	Responsibility for Action	Target Date	Completion Date	Initials
	<<Other Action>>				
Otherwise dangerous e.g. sharp, glass, chemicals etc.	Protect sharp edges with foam/paper cardboard				
	Wear suitable protective clothing when carrying hazardous chemicals				
	<<Other Action>>				
<<Other Items to be Handled>>	<<Action>>				
	<<Action>>				
	<<Other Action>>				

2. HANDLING SITUATIONS

<p>If: Items are taken from or put onto high or low shelves</p> <p>Items are carried for long distances (i.e. where handling becomes uncomfortable or strenuous)</p>	Reorganise storage of heavy items to ensure they are kept at waist height				
	Use good step ladders, 'kick stool' etc.				
	Get deliveries put close to point of use				
	Use mechanical aids – trolley, lift, dumb waiter etc.				
	Get help from colleagues				
	<<Other Action>>				

3. CAPABILITY OF PEOPLE

Ensure: Employees are: Capable of carrying tasks (i.e. not disabled or physically unsuitable)	Allocate the job to the most appropriate person				
	Ensure employee feels comfortable about the handling task				
	Ensure any employees who are pregnant do not carry out any strenuous lifting				
Adequately trained and informed	Have Employee Manual Handling Risk Assessments been completed for all relevant employees?				

Description	Possible Action	Confirm Action Taken	Responsibility for Action	Target Date	Completion Date	Initials
	Has Manual Handling Training Schedule been completed and signed?					
	Ask suppliers to run specialist training where required					
	<<Other Action>>					

4. CHARACTERISTICS OF YOUR UNIT

If your unit has: <ul style="list-style-type: none"> unexpected changes in floor level lifting in confined spaces poor lighting levels low head heights dangerous staircases 	Discuss concerns with your manager					
	Ask employees for solutions/suggestions for improvement					
	Mark low head heights and unexpected changes in floor level so that they are obvious					
	<<Other Action>>					

5. OTHER CONSIDERATIONS

Can: Lifting or carrying tasks be eliminated	Instruct employees not to lift and carry items unnecessarily					
	Try to make alternative arrangements to avoid lifting					
	Instruct employees to use lifting and carrying aids where appropriate					
	Discuss with your Business Development Manager how to obtain lifting and carrying aids					
	<<Other Action>>					

Periodic Review Dates Monthly / Reviewed by

(Actual Date / Initials)

1	2	3	4	5	6
7	8	9	10	11	12

Assessor Name:

Signature:

Date:

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