

Health & Safety Management System

Manual Handling Risk Assessment

Double click [here](#) to insert your organization's name or logo.

This risk assessment is designed to allow the identification of risks and formulating of action plans to control risks associated with manual tasks. When completing the worksheet refer to the 'Manual Tasks Procedure' and consider all aspects of the task, then mark the appropriate responses.

Assessment Title:			
Location:		Manager Responsible	
Name of Assessors(s):		Job titles of staff involved in task:	
Assessment Date:		Frequency of Task:	
Name of Task:		No. of Male/Female:	
Description of activity (where possible/applicable give – weights, carry distances and/or push/pull distances):			
Existing Control Measures:			

Action Ref No	Actions required to reduce the level of risk	Priority	Date action required by	Who is to take action?	Date completed and signature

Do additional controls specified in Action Plan adequately lower risk to an acceptable level?	YES / NO If NO explain in comments below	Signature of Manager The risks identified in this assessment are controlled so far as is reasonably practicable	
		Signature:	Date:
Comments:			

Date Reassessment Due	Are there any changes to the activity since the last assessment?	Assessment Completed by	Signature of Manager	Date Reassessment Completed