

H7 - Manual Handling Assessment Form H&SMH01

Description of job/task/activity											
Completed by											
Assisting personnel											
Date											
Does the task involve: Please tick as appropriate											
Holding a load away from your body?	High	0	Medium	0	Low	0					
Reaching above your head?	High	0	Medium	Ο	Low	0					
Unsatisfactory stooping?	High	0	Medium	0	Low	0					
Unsatisfactory twisting of the body?	High	0	Medium	О	Low	0					
Moving a load over unsatisfactory distances?	High	0	Medium	0	Low	0					
Frequent or prolonged physical effort?	High	0	Medium	0	Low	0					
Pushing or pulling of the load?	High	0	Medium	0	Low	0					
Sudden movement of the load?	High	0	Medium	0	Low	0					
Handling whilst seated?	High	0	Medium	0	Low	0					
Insufficient rest or recovery periods?	High	0	Medium	0	Low	0					
Are the loads you handle:											
Heavy?	High	0	Medium	0	Low	0					
Bulky or unwieldy?	High	0	Medium	0	Low	0					
Difficult to grasp?	High	0	Medium	0	Low	0					
Unstable or contents likely to shift?	High	0	Medium	0	Low	0					
Do you experience:											
Space constraints preventing good posture?	High	0	Medium	О	Low	0					
Uneven, slippery or unstable floors?	High	0	Medium	0	Low	0					
Variation in level of floor/work surfaces?	High	0	Medium	0	Low	0					
Does the manual handling of loads:											
Stretch your physical capabilities?	High	0	Medium	0	Low	0					



Overall risk ı	rating	High	0	Medium	0	Low	0
Issues iden	tified						
Remedial a	ctions						
				Respons	sibility	C	Completion date
	Review date		Initials				

