

# RISK ASSESSMENT FORM MANUAL HANDLING



DEPARTMENT/SECTION

LOCATION(S)

PERSONS INVOLVED

IS THE OPERATION  
ROUTINE OR A 'ONE OFF'?

OPERATIONS COVERED BY  
THIS ASSESSMENT

Does the work involve significant risk of injury?

Consider, in turn, the hazardous components of the manual handling task (headed white on black) and indicate your assessment of the risk as either high, medium, low or no risk in the relevant Risk Assessment box.

**Where Risks are identified that are not adequately controlled they must be brought to the attention of your Departmental Management who should put temporary control measures in place or stop the work. Detail such risks in the final section.**

## THE TASK

does the task involve the following Hazards? If so indicate the risk level

twisting		repetitive handling	
stooping		long carrying distances	
reaching upwards		holding the load away from the trunk	
strenuous pushing or pulling			

other:

## THE ENVIRONMENT

does the environment present the following Hazards? If so indicate the risk level

poor floors		variations in levels	
restricted space		poor lighting	
strong air movements		public areas	
hot/cold/humid conditions			

other:

## THE LOAD

does the load involve any of the following Hazards? If so indicate the risk level

heavy		
bulky/unwieldy		
difficult to hold		
unstable/unpredictable		
intrinsically harmful e.g. sharps/compressed gas/biohazard		

other:

## INDIVIDUAL CAPABILITY

indicate the risk level for the individual

does the operation present a risk that is dependent on the capability of the workers?

is the operation a risk for those with a health problem?

is the operation a risk for those who are pregnant?

does the operation pose a risk to those without training or information?

other:

**Based on the severity of risk identified in the Hazard sections above, please indicate below the measures you have implemented to control the Risks arising from the manual handling operations detailed overleaf. The higher the risk the more stringent the control measure must be.**

### CONTROL MEASURES

Use 'X' to indicate where controls have been applied

- adequate equipment to reduce the risk, e.g. trolleys, steps, ramps, etc. is supplied to personnel involved in manual handling
- the route is assessed as safe before the operation is carried out
- a system to report faults in the environment or equipment is in place, faults are remedied before use
- all personnel are supplied with appropriate PPE for the task, e.g. footwear, gloves, overalls
- all personnel are trained in safe manual handling techniques
- all personnel are given, in advance, appropriate information to safely carry out the task
- more than one person will be deployed to the operation where the load is intrinsically unsafe, bulky etc.
- where the operation is outside the competence of UCL personnel, it is transferred to professional or specialist contractors
- the operation will be automated
- all personnel are physically suited to the operation
- OTHER CONTROL MEASURES: please specify any other control measures you have implemented:

**Have you identified any Risks that are not adequately controlled?**

If "No" move to Declaration

If "Yes" detail the Risk and action taken in the space below

MANUAL HANDLING

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## DECLARATION

I the undersigned have assessed the activity and the associated risks and (*delete as applicable*) declare that there is no significant risk/the risk will be controlled by the method(s) listed above. Those participating in the work have read the assessment. The work will be reassessed whenever there is significant change and at least annually.

NAME OF SUPERVISOR

SIGNATURE OF SUPERVISOR

DATE

REVIEW DATE