

MEALEY ELECTRICAL CONTRACTORS LIMITED
MANUAL HANDLING ASSESSMENT

Manual handling task and location			Reference number: M
Assessor Name:	Date of assessment:	Personnel involved in task:	
Load weight:	Carrying distance:	Frequency of: <ul style="list-style-type: none"> • lift: • Operation: 	Push/pulling: Distance: Weight:
Operations covered by this assessment (Detailed description)			

Section 1 Lifting and carrying						
Ref no	Hazard detail	Risk rating				Additional control measures
		Green	Amber	Red	Purple	
1	Lifting loads weight/frequency					
2	Carrying loads weight/frequency					
3	Hand distance from the lower back					
4	Vertical lift region					
5	Torso twisting and sideways bending					
6	Asymmetrical torso and load carrying					

7	Postural constraints					
8	Grip on the load					
9	Floor surface					
10	Other environmental factors					
11	Carrying distance					
12	Obstacles en route					
13	Personal protective equipment (PPE)					
14	Training					
15	Individual capabilities					
16	Women of child bearing age	No new or expectance mothers to carryout this activity without approval from managers and occupational health.				
17	Psychosocial factors					
Section 2 team lifting						
18	Load weight					
19	Hand distance from lower back					
20	Vertical lift region					
21	Communication and co-ordination					

Section 3 pushing and pulling

22	Pushing or pulling of a load	Is a full pushing and pulling assessment needed (If yes complete below)				(YES)	(NO)
Task general information:							
23	Initial force to get the load moving						
24	Force to keep the load in motion						
25	Working pattern						
26	Floor condition						
27	Obstacles on route						
Loads on wheeled equipment							
Place the colour rating into the relevant column.		Small equipment	Medium equipment	Large equipment	Additional control measures		
28	Type of equipment and load weight						
29	Posture						
30	Hand grip						
31	Travel distance						
32	Condition of equipment						
33	Other factors						
Loads without wheels							
Place the colour rating into the relevant column.		Rolling	Churning	Dragging, hauling or sliding	Additional control measures		
34	Activity and load weight						
35	Posture						
36	Hand grip						
37	Travel distance						
38	Other factors						
39	Is a repetitive tasks assessment needed (ART)? (YES) (NO)						

	(If yes date completed and reference number:.....)
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Action plan					
Ref no	Action required	Priority	Date action required by	Who is to take action	Completion date and signature

Assessors signature	Review Date	Managers name	Signature	Date