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| **RA 010 MANUAL HANDLING RISK ASSESSMENT**  **COMPANY NAME** |

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| **Task** | **Moving materials on site** | **Location** |  |
| **Name of Assessor**  **(Please print name)** |  | | |
| **Job Title** |  | | |
| **Signature** |  | **Review Date** |  |
| **Review Details** | This risk assessment will be reviewed annually and also in the event of the following change in equipment Change in activity or in the event of an accident or incident | | |
| **All staff below have signed to confirm they have seen and understood this risk assessment and that they understand the controls that must be used when moving, lifting, or handling any load.** | | | |
| **Name**  **(Please print name)** |  | **Date** |  |
| **Signature** |  |
| **Name**  **(Please print name)** |  | **Date** |  |
| **Signature** |  |
| **Name**  **(Please print name)** |  | **Date** |  |
| **Signature** |  |
| **Name**  **(Please print name)** |  | **Date** |  |
| **Signature** |  |

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| **Risk Assessment**  **TASK** | | | | | | |
| **Element** | **Hazards** | **Yes** | **No** | **Details of controls Used** | **Yes** | **No** |
| **The Task**  Does it involve | Holding loads away from trunk? |  |  | Lifting to be carried out with safe techniques, Avoid holding load away from body  Keep close to stomach height to reduce strain/ effort.  Avoid placing hands where trapping could occur.  Do not rush manual handling tasks as this increases the risk of injury.  Take regular breaks  Consider team lifting  Manual handling Tool box talks completed with all staff |  |  |
| Large vertical movements or reaching upwards? |  |  |  |  |
| Twisting or stooping? |  |  |  |  |
| Long distance carrying? |  |  |  |  |
| Strenuous pushing or pulling? |  |  |  |  |
| Unpredictable movement of loads? |  |  |  |  |
| Repetitive rest or recovery or a work rate imposed by a process? |  |  |  |  |

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| **Risk Rating for The Task** | **Probability** |  | **Outcome** |  | **Final risk rating** |  | **Low** | **Med** | **High** |

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| **Risk Assessment**  **INDIVIDUAL** | | | | | | |
| **Element** | **Hazards** | **Yes** | **No** | **Details of controls Used** | **Yes** | **No** |
| **Individual**  Would they be at greater risk due to any of the following factors? | Requiring unusual strength or reach? |  |  | All persons to receive manual handling training.  Manual handling activities only to be completed by physically fit operatives.  Persons with prescribed existing injuries or illness should avoid manual handling  Pregnant operatives not permitted to complete manual handling  Any under 18s will be supervised to ensure safe techniques are followed  Under 18s limited to lifting small low weight items only  Tool belts available |  |  |
| An existing health problem, disability or limited capacity? |  |  |  |  |
| Pregnancy? |  |  |  |  |
| Under 18? |  |  |  |  |
| Lack of specialist training? |  |  |  |  |
| Lack of experience? |  |  |  |  |

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| **Risk Rating for The Task** | **Probability** |  | **Outcome** |  | **Final risk rating** |  | **Low** | **Med** | **High** |

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| **RISK ASSESSMENT**  **LOAD** | | | | | | |
| **Element** | **Hazards** | **Yes** | **No** | **Details of controls Used** | **Yes** | **No** |
| **The Load**  Is It? | Heavy? |  |  | Ensure that the item weighs no more than can be safely carried by the handles where fitted. This may mean that some items if heavy must be lifted by two or more persons;  Staff must check the weight of the load before lifting  All staff must wait for assistance if required. Ensure that all sharp edges are removed or protected from contact with hands. |  |  |
| Bulky/Unwieldy? |  |  |  |  |
| Difficult to grasp? |  |  |  |  |
| Unpredictable? |  |  |  |  |
| Intrinsically harmful (Sharp, Hot or hazardous)? |  |  |  |  |
| Without lifting points or handles? |  |  |  |  |
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| **Risk Rating for The Task** | **Probability** |  | **Outcome** |  | **Final risk rating** |  | **Low** | **Med** | **High** |

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| **RISK ASSESSMENT**  **ENVIRONMENT** | | | | | | |
| **Element** | **Hazards** | **Yes** | **No** | **Details of controls Used** | **Yes** | **No** |
| **Working Environment**  Is there | Constraints on posture/confined space to work? |  |  | Staff to check their route is safe and clear to walk and free from hazard and obstruction before commencing works  Tool belts provided  Ladder toolbox talks given  Staff advised to keep to marked walkways  Speak to the banksman before manual handling any load on site if heavy plant /traffic movement is evident  If working on site a high visibility vest must be worn  Works completed on site carried out in ------------------------, operatives must be sure |  |  |
| Variation in ground levels? |  |  |  |  |
| Poor ground conditions? |  |  |  |  |
| Hot/cold/humid conditions? |  |  |  |  |
| Access limitations (Ladders etc.)? |  |  |  |  |
| Poor lighting conditions? |  |  |  |  |
| Defined walkways or routes? |  |  |  |  |
| Visibility problems? |  |  |  |  |
| Vehicle and or plant movement? |  |  |  |  |

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| **Risk Rating for The Task** | **Probability** |  | **Outcome** |  | **Final risk rating** |  | **Low** | **Med** | **High** |

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| **PPE REQUIRMENTS**  (Please highlight **Yes or No** for PPE required on site) | | | | | | | | | | | | | | | |
| **SAFETY BOOTS** | | | **COVERALLS**  **See the source image** | | **HIGH VISIBILITY**  Image result for PPE Symbols | | **FACE PROTECTION**  **Image result for PPE Symbols** | | **HEARING PROTECTION**  **Image result for PPE Symbols** | | **EYE PROTECTION**  **Image result for PPE Symbols** | | | **GLOVES**  **Image result for PPE Symbols** | |
| **Y** | | **N** | **Y** | **N** | **Y** | **N** | **Y** | **N** | **Y** | **N** | **Y** | | **N** | **Y** | **N** |
| **HARD HAT**  **C:\Users\RebeccaC\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\C45FE8E6.tmp** | | | **DUST MASK**  **Image result for PPE Symbols** | | **WELLINGTON BOOTS**  **See the source image** | | **HARNESS**  **C:\Users\RebeccaC\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\A3D217FB.tmp** | | **RPE**  **Image result for PPE Symbols** | | **GLOVES**  **Image result for PPE Symbols** | | | **SUN PROTECTION**  **Image result for PPE Symbols** | |
| **Y** | **N** | | **Y** | **N** | **Y** | **N** | **Y** | **N** | **Y** | **N** | **Y** | **N** | | **Y** | **N** |

**Risk Assessment Matrix**

**Multiply scores to arrive at risk rating (RR)**

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|  |  | **Probability** | | | | | |
|  |  | **Remote** | **Unlikely** | **Possible** | **Probable** | **Very Likely** | **Certain** |
| **Outcome** | **No Injury** | **0** | **1** | **2** | **3** | **4** | **5** |
| **Minor Injury** | **1** | **1** | **2** | **3** | **4** | **5** |
| **First Aid Injury** | **2** | **2** | **4** | **6** | **8** | **10** |
| **Reportable Injury**  **(7 Day)** | **3** | **3** | **6** | **9** | **12** | **15** |
| **Major Injury** | **4** | **4** | **8** | **12** | **16** | **20** |
| **Fatality/Disability** | **5** | **5** | **10** | **15** | **20** | **25** |

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| **Low** | **1 – 6** | **Monitor** | **Tolerable risk. No additional controls required. Employees made aware of safe/correct system of work.** |
| **Med** | **8 – 12** | **Improvement** | **Action required to further reduce risk to acceptable level. Review of process or activity.** |
| **High** | **15+** | **Immediate Action** | **Unacceptable risk. Stop activity immediately. Inform next level of management & refer to Manager/Safety Coordinator. Possible withdrawal of process or activity.** |

**Monitoring and Review**

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| **Date Completed** | **Assessed by:** | **Job Title:** | **Signature:** | **Review Date:** |
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**Further Actions**

**(Please detail any actions for the risk assessment here)**

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| **Date** | **Further action** | **Action by who?** | **Action by when?** | **Completed** |
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**Confirmation of Risk Assessment & Method Statement Briefing**

**Before commencing the activities covered in this safe system of work document all staff are to sign below to confirm that a clear briefing explaining the job has been given and is understood**

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| --- | --- | --- | --- |
| **Name** | **Signature** | **Date** | **Comments** |
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