Initial Appraisal of Manual Handling Operations within the Workplace

1. **Workplace Location:**

2. **Name(s):** Date:

3. **Manual Handling Operations (MHOs) appraised:**

4. **Tasks** Do they involve:
   - Holding/manipulating loads at a distance from the trunk?
   - Twisting the trunk?
   - Stooping?
   - Reaching upwards?
   - Excessive lifting, pushing or pulling of loads?
   - Excessive carrying distances?
   - Sudden movements?
   - Frequent or prolonged physical effort?
   - Insufficient rest or recovery periods?
   - Rate of work imposed by the person?

5. **Loads.** Are the loads:
   - Heavy?
   - Bulky or unwieldy?
   - Difficult to grasp?
   - Unstable - have shifting contents?
   - Sharp, hot or otherwise potentially damaging?

6. **Working Environment.** Are there:
   - Potential Conflicts with vehicular/pedestrian traffic?
   - Space constraints preventing good posture?
   - Uneven, slippery or unstable floors?
   - Variations in level of floors or work?
   - Extremes of temperature or humidity?
   - Ventilation problems or gusts of wind?
   - Poor lighting conditions?

7. **Individual Capability.** Does the MHO:
   - Require unusual strength, height, etc?
   - Present a hazard to pregnant women or new mothers?
   - Present a hazard to those who might have a health problem?
   - Require a special training or information for its safe performance?

8. **Other Factors:** Is the movement or posture hindered by personal protective equipment (PPE) or by clothing?

**NOTE:**
IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, AND MHOS CANNOT BE AVOIDED, THEY ARE TO BE CLASSIFIED AS HAZARDOUS AND A FULL RISK ASSESSMENT IS TO BE CARRIED OUT.