

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.